COPY

-Application

Tristar Southern Hills Hospital

CN1412-050

DSG Development Support Group

DEC 1 PM 3:17

December 15, 2014

Melanie Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application Submittal
TriStar Southern Hills Medical Center--Satellite Emergency Department Facility
Nashville, Davidson County

Dear Mrs. Hill:

This letter transmits an original and two copies of the subject application. The affidavit and filing fee are enclosed.

I am the contact person for this project. Jerry Taylor is legal counsel. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

Respectfully,

John Wellborn

John Wellborn
Consultant

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

DEC 15 '14 PM 8:18

TRISTAR SOUTHERN HILLS MEDICAL CENTER

CERTIFICATE OF NEED APPLICATION TO ESTABLISH A SATELLITE EMERGENCY DEPARTMENT IN SOUTH DAVIDSON COUNTY

Submitted December 2014

DEC 15 '16 PM 2:19

PART A

1. Name of Facility, Agency, or Institution

TriStar Southern Hills Emergency Department at I-65		
Name		
NE Corner of intersection of Old Hickory Boulevard and American General Way		Davidson
Street or Route		*County*
Brentwood	TN	37250
City	*State*	*Zip Code*

2. Contact Person Available for Responses to Questions

John Wellborn		Consultant	
Name		*Title*	
Development Support Group		jwdsg@comcast.net	
Company Name		*E-Mail Address*	
4219 Hillsboro Road, Suite 210	Nashville	TN	37215
Street or Route	*City*	*State*	*Zip Code*
CON Consultant	615-665-2022	615-665-2042	
Association With Owner	*Phone Number*	*Fax Number*	

3. Owner of the Facility, Agency, or Institution

HCA Health Services of Tennessee, Inc		615-781-4150
Name		*Phone Number*
c/o TriStar Southern Hills Medical Center, 391 Wallace Road		Davidson
Street or Route		*County*
Brentwood	TN	37211
City	*State*	*Zip Code*

4. Type of Ownership or Control (Check One)

A. Sole Proprietorship		F. Government (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	
D. Corporation (For-Profit)	x	I. Other (Specify):	
E. Corporation (Not-for-Profit)			

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS

5. *Name of Management/Operating Entity (If Applicable)* NA

Name

Street or Route *County*

City *State* *Zip Code*

6. *Legal Interest in the Site of the Institution (Check One)*

A. Ownership		D. Option to Lease	x
B. Option to Purchase		E. Other (Specify):	
C. Lease of ____Years			

7. *Type of Institution (Check as appropriate—more than one may apply)*

A. Hospital (Specify): General	x	I. Nursing Home	
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty		J. Outpatient Diagnostic Center	
C. ASTC, Single Specialty		K. Recuperation Center	
D. Home Health Agency		L. Rehabilitation Center	
E. Hospice		M. Residential Hospice	
F. Mental Health Hospital		N. Non-Residential Methadone	
G. Mental Health Residential Faclity		O. Birthing Center	
H. Mental Retardation Institutional Habilitation Facility (ICF/MR)		P. Other Outpatient Facility (Specify): Satellite Emergency Rm	x
		Q. Other (Specify):	

8. *Purpose of Review (Check as appropriate—more than one may apply*

A. New Institution		G. Change in Bed Complement Please underline the type of Change: Increase, Decrease, Designation, Distribution, Conversion, Relocation	
B. Replacement/Existing Facility		H. Change of Location	
C. Modification/Existing Facility		I. Other (Specify):	
D. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify) ER service at new location	x		
E. Discontinuance of OB Service			
F. Acquisition of Equipment			

9. *Bed Complement Data*

(Please indicate current and proposed distribution and certification of facility beds.)

	Current Licensed Beds	CON approved beds (not in service)	Staffed Beds	Beds Proposed (Change)	TOTAL Beds at Completion
A. Medical	90		73		90
B. Surgical					
C. Long Term Care Hosp.					
D. Obstetrical					
E. ICU/CCU	20		20		20
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolesc. Psych.					
K. Rehabilitation	16		16		16
L. Nursing Facility (non-Medicaid certified)					
M. Nursing Facility Lev. 1 (Medicaid only)					
N. Nursing Facility Lev. 2 (Medicare only)					
O Nursing Facility Lev. 2 (dually certified for Medicare & Medicaid)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child/Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL	**126**		**109**		**126**

10. Medicare Provider Number:	0440197
Certification Type:	General Acute Care Hospital
11. Medicaid Provider Number:	44-0197
Certification Type:	General Acute Care Hospital

12. & 13. See page 4

A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?

The facility will be operated as a department of TriStar Southern Hills Medical Center, which is already certified under both Medicare and Medicaid.

A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS / BEHAVIORAL HEALTH ORGANIZATIONS (MCO'S/BHO'S) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? Yes IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCO'S WITH WHICH THE APPLICANT HAS CONTRACTED OR PLANS TO CONTRACT.

DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCO'S/BHO'S IN THE AREA.

Table One: Contractual Relationships with Service Area MCO's	
Available TennCare MCO's	**Applicant's Relationship**
AmeriGroup or BlueCare	contracted
United Healthcare Community Plan (formerly AmeriChoice)	contracted
TennCare Select	contracted

The applicant is contracted with all area MCO's through master contracts between the MCO's and TriStar Health System, its Division office. The TriStar Division contracts cover all HCA hospitals and surgery centers in Middle Tennessee. These contracts are in place for the Statewide MCO organizations that will be in place in January 2015.

SECTION B: PROJECT DESCRIPTION
B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.

Proposed Services and Equipment

• TriStar Southern Hills Medical Center is an HCA general acute care hospital serving southern Davidson County and adjoining areas. Its Emergency Department (ED) needs a major expansion of capacity, which is not possible on the landlocked main campus. This project will provide additional ED capacity in the form of a satellite "freestanding ED" facility, located 5.0 miles away in southern Davidson County close to I-65. The site is 9-11 miles from existing Emergency Rooms in Davidson and Williamson Counties. The satellite will be developed in a leased building to be constructed by an HCA affiliate.

• The proposed facility will operate as a Department of TriStar Southern Hills Medical Center. It will be a full-service Emergency Department, operating 24 hours daily. It will be staffed by the same Emergency Physician group that staffs the main hospital ED, and will have the same clinical competencies as the main ED. It will have the same State classification as the main Emergency Room on the hospital campus.

• The proposed 10,813 SF facility will have eight treatment and exam rooms, including an oversized trauma room and a secure (psychiatric) holding room. Treatment rooms will be fully equipped and supplied to care for adult and pediatric patients. Ancillary services will include CT, x-ray, ultrasound, and laboratory services appropriate for emergency care.

• The applicant belongs to HCA's TriStar Health network. This integrated acute care system includes 14 tertiary and community hospitals in Middle Tennessee (four of them in Davidson County). TriStar hospitals collectively care for more than a half million emergency visits annually. In CY2013, TriStar's four Davidson County hospitals collectively treated 41% of all ED visits in Davidson and Williamson Counties. Their utilization was comparable to the 43% of area ED visits treated in the Vanderbilt (25.2%) and the St. Thomas (17.9%) systems combined. TriStar and its parent company HCA also have deep expertise in the development and operation of freestanding satellite Emergency Care facilities, with 42 such satellite ED's in operation and 15 under construction nationally. One of these is the TriStar Centennial satellite ED in Spring Hill, Maury County, Tennessee's first such facility to receive CON approval.

• The project will be a satellite department of TriStar Southern Hills Medical Center, which is owned by HCA Health Services of Tennessee, Inc., whose ultimate parent company is HCA Holdings, Inc. Attachment A.4 contains more details, an organization chart, and information on the Tennessee facilities owned by this facility's parent organization.

Service Area

• The primary service area is projected to be zip codes 37211, 37027, 37220, and 37215, which are in south Davidson County and north Williamson County, surrounding the site. All or much of those areas are within five miles drive. The site is close to the Brentwood exit from I-65 and is on Old Hickory Boulevard, which runs east and west through many residential and commercial areas of those zip codes.

Need

• TriStar Southern Hills Medical Center has experienced steady growth in its Emergency Department visits. Emergency vehicle arrivals have increased 23% over the past 2 years. ED utilization is at 2,284 annual visits per treatment room. That significantly exceeds HCA's 1,800 visits per room standard for full utilization at which additional capacity is needed. It is even further above the 1,500 visits per room standard in general use in the hospital industry. This overcrowding is lengthening patient waiting times and putting patients into hallways for treatment. Eight to twelve more rooms are needed. With future growth the hospital cannot deliver the service that the community expects and needs.

• The hospital's ED cannot expand outward because of site limitations. The hospital occupies an excavated hilltop, and is closely surrounded either by drop-offs or stone outcroppings. Level land outside the ED is occupied by circulation drives and by very limited parking. Within the facility, the ED is bounded by Imaging and Surgery, preventing an inward expansion.

• The only option available to the hospital is an off-site satellite ED. It is appropriate and reasonable to put the satellite south and west of the campus, close to I-65 and on a major east-west roadway, where it can provide more accessible service to that part of the hospital service area. The 8 proposed satellite rooms will meet the hospital's overall need for 30 total ED rooms in CY2021, Year 5 of this project. Both the main campus and the satellite ED's will be highly utilized. The impact of the project on non-HCA hospitals will be very small and will be immediately offset by growth in the market.

Existing Resources

• The primary service area zip codes are within Davidson and Williamson Counties. Those two counties contain nine hospital Emergency Departments. There is no freestanding or satellite emergency services facility in those counties.

Project Cost, Funding, Financial Feasibility, Staffing

• The estimated cost for CON purposes is $11,316,699. That includes both the building to be developed and leased to the applicant, and the applicant's cost of finishing out and equipping the building for operation as an Emergency Department. HCA Holdings, Inc., the parent of both the applicant and the company developing the building for lease, will provide all of the funds required, by intercompany cash transfers through TriStar Health/, the HCA division office for Middle Tennessee. The hospital's Emergency Department--comprised of both the existing ED and the proposed satellite ED--will operate with a positive margin, as will TriStar Southern Hills Medical Center. The project will require approximately 28 FTE's.

B.II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.

B.II.A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq.)* INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC.

The Applicant

The applicant, TriStar Southern Hills Medical Center, belongs to HCA's TriStar Health network. TriStar is an operationally integrated acute care system that includes 14 tertiary and community hospitals in Middle Tennessee (four of them in Davidson County). TriStar facilities cooperatively deliver a large percentage of the acute care services needed by Nashville area residents--specialized services such as comprehensive cardiac, cancer, psychiatric, and neonatal intensive care, as well as a full range of community hospital services. The Children's Hospital at TriStar Centennial Medical Center is one of only two children's hospitals in Middle Tennessee. The Sarah Cannon Research Institute at TriStar Centennial Medical Center operates one of the nation's largest programs of clinically-based trials in oncology and cardiology, in addition to providing research support services to oncologists, hematologists, and other physicians working to develop advanced therapies for patients.

In emergency care, TriStar hospitals regionally care for more than a half million Emergency Department (ED) patients annually. TriStar Skyline Medical Center operates one of only two Trauma Centers in Nashville. In CY2013, TriStar's four Davidson County hospitals collectively treated 41% of all ED visits in Davidson and Williamson Counties. Their utilization was comparable to the 43% of area ED visits treated in the Vanderbilt (25.2%) and the St. Thomas (17.9%) systems combined.

TriStar and its parent company HCA also have deep expertise in the development and operation of freestanding satellite Emergency Care facilities, with 42 such satellite ED's in operation and 15 under construction nationally. One of these is the TriStar

Centennial satellite ED in Spring Hill, Maury County. It was Tennessee's first such facility to receive CON approval.

TriStar Southern Hills Medical Center's caregiver teams and management observe high standards of professional preparation, competence, and care. The hospital and its parent company are heavily committed to identifying and implementing best practices though continuous data-driven evaluation. The hospital has received:

- CY2012 and CY2013 Joint Commission recognition as a Top Performer of Quality Measures
- Full three-year accreditation by the Joint Commission
- First hospital in Tennessee to earn the Joint Commission's Gold Seal of Approval for its acute coronary syndrome program
- Full three-year accreditation from the Commission on Cancer
- Accreditation by the Society of Cardiovascular Patient Care for its Percutaneous Coronary Intervention program
- Accreditation by the American College of Radiology (ACR) for Nuclear Medicine, Computed Tomography, and Mammography
- Certification by the American Association of Cardiovascular and Pulmonary Rehabilitation, for its Cardiac Rehabilitation program
- CY2014 Joint Commission Certificate of Distinction for advanced certification as a Primary Stroke Center
- CY2014 Joint Commission Certificate of Distinction for management of Acute Coronary Syndrome
- CY2014 Joint Commission Certificates of Distinction for management of both Joint Replacement-Knee and Joint Replacement-Hip. The hospital has recently opened a 20-bed, 18,000 square foot Joint and Spine Center.

Project Location

The proposed facility is referred to in this application as a satellite or freestanding emergency department, or "FSED". It will be located in south Davidson County, along Old Hickory Boulevard, within the Brentwood zip code. This is

approximately 5 miles and 12 minutes' drive time southwest of TriStar Southern Hills Medical Center's main campus.

The project site is part of an undivided tract of land containing approximately 53 acres and two large office buildings. In 2014, the tract was acquired by Southpoint, LLC, which is an entity owned by HCA Health Services of Tennessee, Inc., a subsidiary of HCA. Within this large tract, a 14-acre wooded segment on the east side of American General Way, bordered by Old Hickory Boulevard, is immediately available for development. Within that 14-acre segment, approximately 2.83 acres adjoining Old Hickory Boulevard are being allocated to the FSED and its parking and circulatory drives.

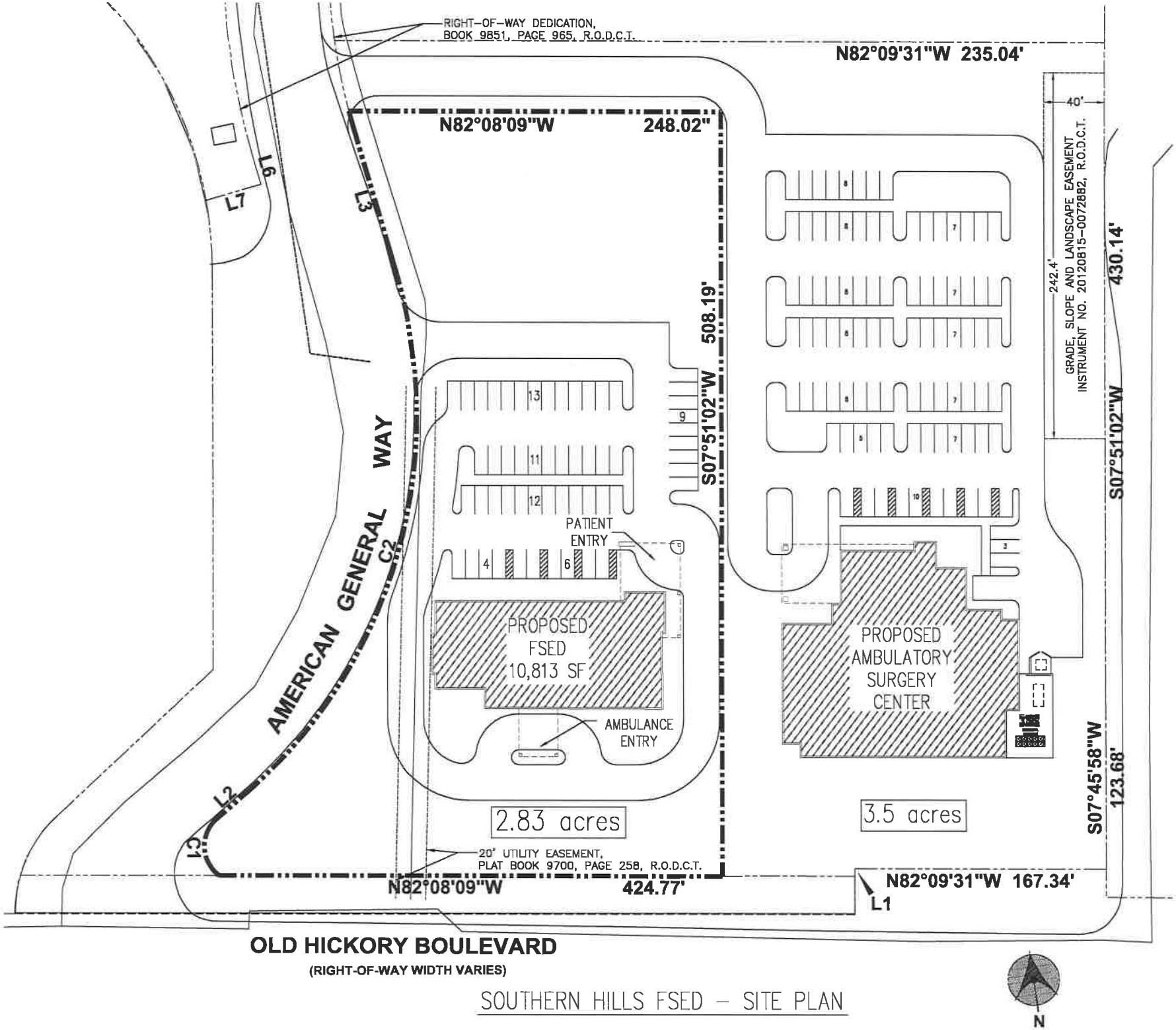
The building site is currently unaddressed. It is in the northeast quadrant of the intersection of Old Hickory Boulevard (an east-west roadway) and American General Way (a north-south street), just east of Interstate 65. Access to the proposed site will be by American General Way, at its intersection with Old Hickory Boulevard.

If CON approval is granted to the Southern Hills Surgery Center application now under review, the Emergency facility will be constructed on the east side of American General Way and the north side of Old Hickory Boulevard, adjoining the site of the proposed Southern Hills Surgery Center.

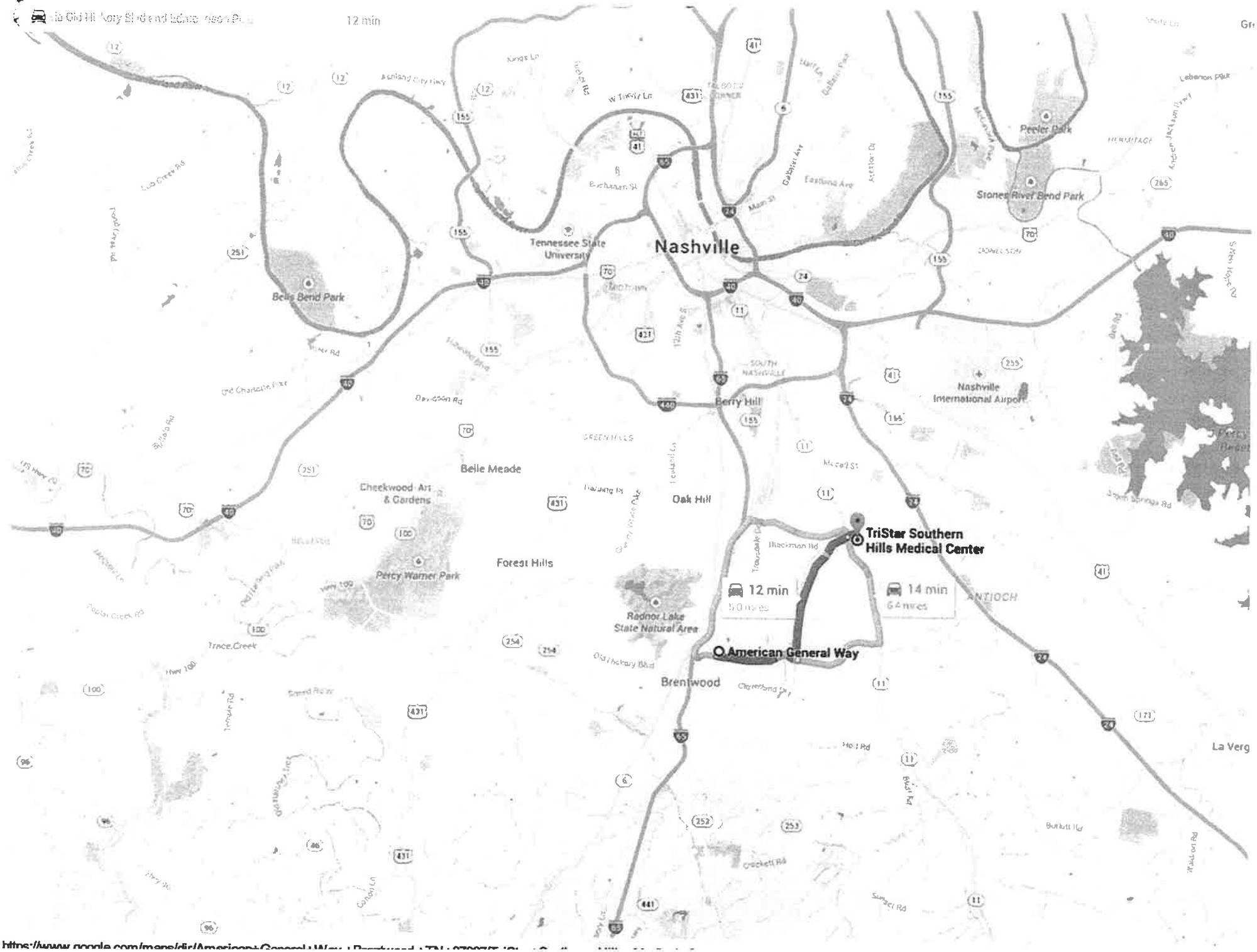
Those building locations are shown in the site plan attached following this page.

The approximate distance and drive time between the FSED and its hospital on Wallace Road are shown on the map on the second following page.

A map on the third following page shows the primary service area zip codes, the locations of Emergency Departments within and near the primary service area, and circles of a 5-mile radius around each of them. It illustrates how the satellite ED project improves accessibility for residents of the project's primary service area zip codes.



SOUTHERN HILLS FSED – SITE PLAN


12 min
Nashville
Tennessee State University
Bells Bend Park
Peeler Park
Stones River Bend Park
Nashville International Airport
Berry Hill
Belle Meade
Cheekwood Art & Gardens
Percy Warner Park
Forest Hills
Oak Hill
Radnor Lake State Natural Area
Brentwood
TriStar Southern Hills Medical Center
12 min
50 miles
14 min
64 miles
American General Way
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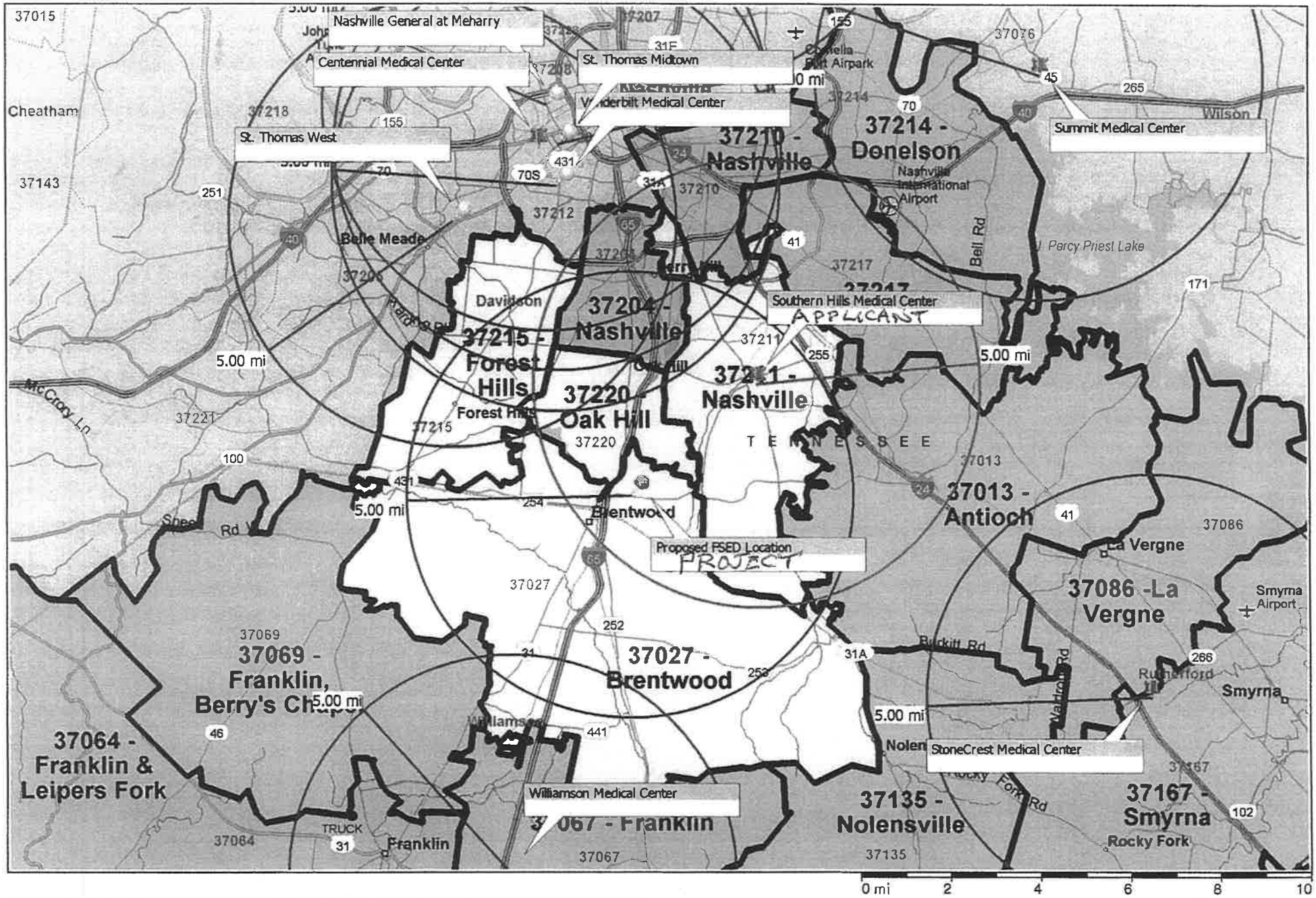
Proposed FSED Location



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Project Design

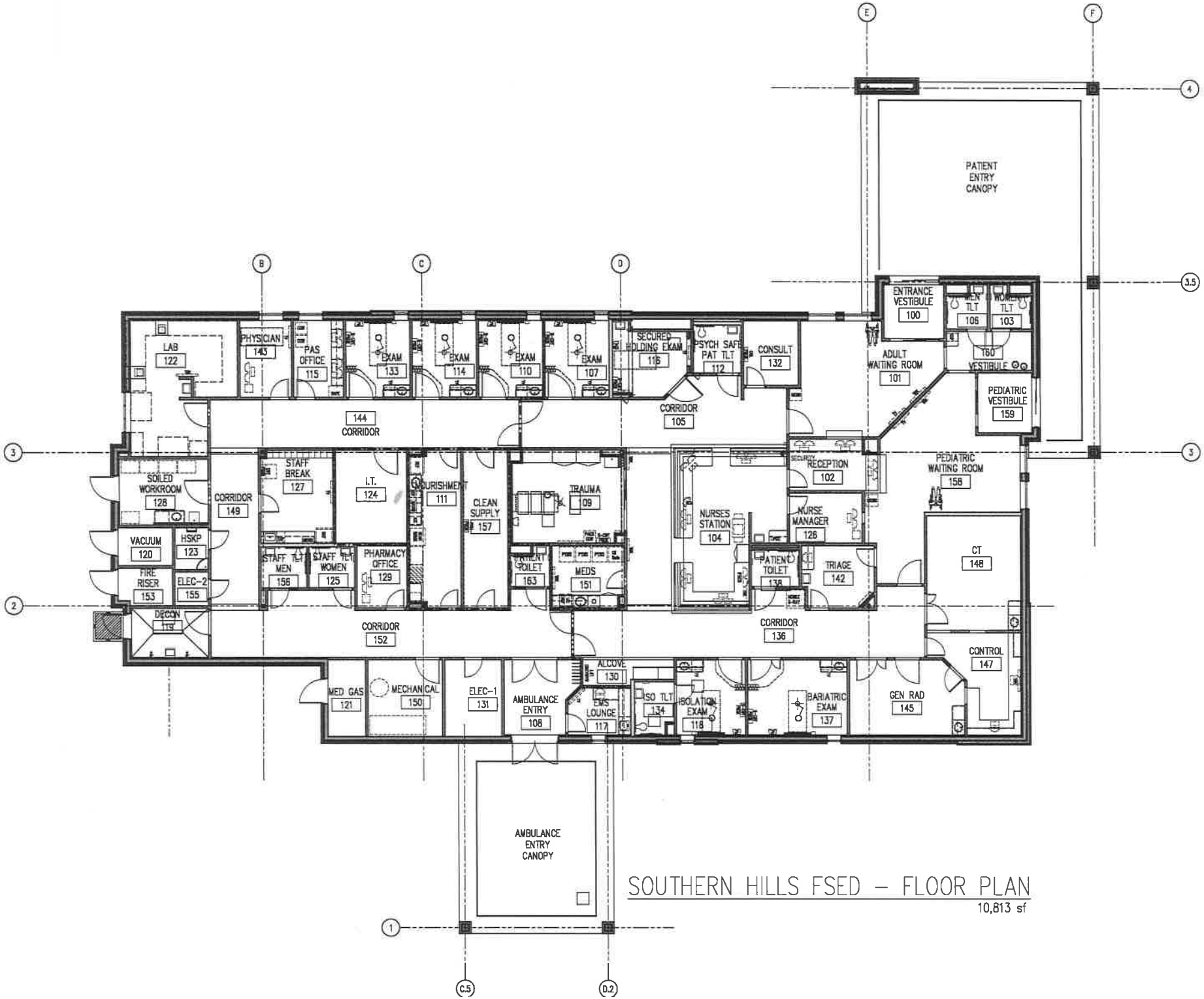
The TriStar Southern Hills FSED will be a 10,813 SF facility with separate entrances for ambulance and walk-in patients. It will have separate adult and pediatric waiting areas. A central nursing station and a triage room will be provided. There will be a total of 8 single-bed exam/treatment rooms. Those will include a trauma room, a secure (psychiatric) exam/holding room, four general-purpose treatment rooms, an isolation exam room, and a bariatric exam room. Ancillary areas and services will include CT scanning, general radiology, a laboratory and mobile ultrasound. The FSED will also have appropriate support spaces, such as staff bathrooms and a break room, offices, and a lounge for EMS (Emergency Medical Services Techs providing ambulance transport). A floor plan is provided following this page. A space program is provided at the end of the application, in the Attachment for the floor plan.

The table below shows the proposed increases in Departmental square footage and in the overall square footage for this service, after the satellite ED opens. In the current hospital ED there is one multipurpose treatment room with two patient beds, which is used as a single room except at times of peak crowding times. Those beds are separated by a curtain but are in a hard-walled room. All other treatment rooms existing, or being added, are hard-walled, single-bed treatment rooms, for family privacy.

Table Two: Proposed Changes in Emergency Department (ED) Capacity

Patient Care Areas Other than Ancillary Services (X-ray, CT, Lab)	Hospital ED*	Satellite ED	Combined EDs
Exam/Treatment Rooms	22	8	30
Multipurpose	17	4	21
Cardiology	0	0	0
Gynecological	0	0	0
Holding/Secure/Psychiatric	1	1	2
Isolation	1	1	2
Orthopedic	1	0	1
Trauma	2	1	3
Other	0	1	1
Triage Stations	1	1	2
Decontamination Rooms/Stations	1	1	2
GSF of Main and Satellite ED's	11,603 SF*	10,813 SF	23,416 SF

** Notes: Hospital rooms include 3 treatment rooms that will be added in CY 2015 by renovation. These will expand the Department from 10,934 SF to 11,603 SF.*



SOUTHERN HILLS FSED – FLOOR PLAN

10,813 sf

Project Cost and Funding

It is anticipated that Southpoint, LLC (an HCA subsidiary that owns the land) will develop the building as shell space, to specifications of HCA, and that Southpoint will then lease the building to TriStar Southern Hills Medical Center to complete and operate as a satellite Emergency Department.

The estimated project cost for CON purposes is $11,316,699. Of this, $6,284,409 is the fair market value of the land and shell building to be provided by the developer/lessor, and $5,032,290 is the estimated capital expenditure by the applicant/licensee for building out and equipping the shell building. Both the lessor and the applicant/lessee will receive funding for all project costs from HCA Holdings, Inc., their parent company.

Table Three: This Project's Construction Costs

	Shell Construction by Lessor	**Build-out by Applicant/Lessee**	**Total Project**
Square Feet	10,813 SF	10,813 SF	10,813 SF
Construction Cost	$2,050,000	$1,730,080	$3,780,080
Constr. Cost PSF	$190 ($189.59)	$160	$350 ($349.59)

Note: The construction cost is line A.9 of the Project Cost Charts.

Project Implementation and Hours of Service

If granted final CON approval by April 1, 2015, the facility can be opened for service at the new location in late CY2016. Its first full calendar year of operation will be CY2017. It will provide emergency care 24 hours per day, every day.

Ownership and Parties Involved in the Project

a. The Developer/Lessor: Southpoint, LLC owns the 53-acre tract that includes this project site. Southpoint, LLC is wholly owned by HCA Health Services of Tennessee, Inc., which is wholly owned by Healthserv Acquisition, LLC, which is wholly owned by Healthtrust, Inc.--The Hospital Company, which is wholly owned by HCA, Inc., which is

wholly owned by HCA Holdings, Inc. Southpoint has granted an option to HCA Health Services of Tennessee, Inc. (the CON applicant and owner of TriStar Southern Hills Medical Center) under which Southern Hills can have Southpoint construct a shell ED building at the site, and lease it to the applicant for completion and use as a satellite ED.

b. The CON Applicant/Lessee/Licensee: The proposed facility will operate as a satellite Emergency Department of TriStar Southern Hills Medical Center, which is wholly owned by HCA Health Services of Tennessee, Inc., which is wholly owned by Healthserv Acquisition, LLC, which is wholly owned by Healthtrust, Inc.--The Hospital Company, which is wholly owned by HCA, Inc., which is wholly owned by HCA Holdings, Inc.

APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF $5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COST IN EXCESS OF $2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COSTS PER SQUARE FOOTAGE CHART.

UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E BY IDENTIFYING, AS APPLICABLE, NURSING UNITS, ANCILLARY AREAS, AND SUPPORT AREAS AFFECTED BY THIS PROJECT. PROVIDE THE LOCATION OF THE UNIT/SERVICE WITHIN THE EXISTING FACILITY ALONG WITH CURRENT SQUARE FOOTAGE, WHERE, IF ANY, THE UNIT/SERVICE WILL RELOCATE TEMPORARILY DURING CONSTRUCTION AND RENOVATION, AND THEN THE LOCATION OF THE UNIT/SERVICE WITH PROPOSED SQUARE FOOTAGE. THE TOTAL COST PER SQUARE FOOT SHOULD PROVIDE A BREAKOUT BETWEEN NEW CONSTRUCTION AND RENOVATION COST PER SQUARE FOOT. OTHER FACILITY PROJECTS NEED ONLY COMPLETE PARTS B-E.

See Attachment B.II.A.

PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.

Hospital construction projects approved by the HSDA during 2010-2013 proposed the following construction costs per SF:

Table Four-A: CON Approved Projects--Hospital Construction Cost PSF Years 2011-2013			
	Renovated Construction	New Construction	Total Construction
1st Quartile	$107.15/sq ft	$235.00/sq ft	$151.56/sq ft
Median	$179.00/sq ft	$274.63/sq ft	$227.88/sq ft
3rd Quartile	$249.00/sq ft	$324.00/sq ft	$274.63/sq ft

Source: CON approved applications for years 20011 through 2013

This project's total new construction cost is consistent with the hospital new construction costs in the HSDA table above. The project's estimated construction cost is approximately $350 PSF overall, which only slightly exceeds the $324 PSF Statewide average for new construction projects approved in 2011-2013. Construction costs have begun to increase recently and the projected CY2016 cost of this project is reasonable.

Table Four-B: This Project's Construction Costs			
	Shell Construction by Lessor	**Build-out by Applicant/Lessee**	**Total Project**
Square Feet	10,813 SF	10,813 SF	10,813 SF
Construction Cost	$2,050,000	$1,730,080	$3,780,080
Constr. Cost PSF	$190 ($189.59)	$160	$350 ($349.59)

IF THE PROJECT INVOLVES NONE OF THE ABOVE, DESCRIBE THE DEVELOPMENT OF THE PROPOSAL.

Not applicable.

B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.

Not applicable. This project has no inpatient beds or inpatient services.

B.II.C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION):

1. **ADULT PSYCHIATRIC SERVICES**
2. **ALCOHOL AND DRUG TREATMENT ADOLESCENTS >28 DAYS**
3. **BIRTHING CENTER**
4. **BURN UNITS**
5. **CARDIAC CATHETERIZATION SERVICES**
6. **CHILD AND ADOLESCENT PSYCHIATRIC SERVICES……**

Utilization of Existing Emergency Department Capacity

Tristar Southern Hills Medical Center ("SHMC" or "the hospital") has experienced continuous increases in Emergency Department (ED) visits over the past five years. During that period, the compound annual growth rate in ED visits has been approximately 6.7% annually. Emergency vehicle arrivals have increased 23% over the past two years. In CY2014, visits to the hospital's 19-room Emergency Department have averaged 2,284 visits per room. That greatly exceeds HCA's 1,800-visit standard for optimal room utilization. It also greatly exceeds a widely-used hospital planning standard of 1,500 visits per room. Such overcrowding causes undesirable effects:

- Patients experience longer waits for care, especially in peak periods. This year, 256 patients have left prior to being screened or being treated; 417 patients have left against medical advice.
- Patients waiting for admission to a bed often must be treated in hallways so that treatment rooms can be made available for other patients. This year, 64% of all ED patients waited an hour or more for admission to a bed, sometimes even in the ED hallway before their admission as inpatients.

Table Five on the second following page provides detailed statistics on utilization between CY2010 and CY2021. Line A shows the ED patients treated from CY2010 through CY2014, and conservatively projects visits from CY2015 through CY2020. Lines B shows the annual rate of increase, from year to year. Line C shows that since CY2010, ED visits have increased at a compound annual growth rate of approximately 6.7%. Therefore, in line A, future demand is conservatively projected at 3% annually through CY2021.

Note the use of the word "Demand" in the table. This is to clarify that after CY20124, it is not projecting what the main ED *can actually deliver* with only 22 rooms; it is projecting what the community *needs the hospital to deliver* at that location. Community demand for services will exceed 53,000 visits per year within five years.

In response to burgeoning demand, the hospital has continuously improved its emergency care processes through managing its metrics on a daily basis, increasing its throughput to meet demanding standards of efficiency while maintaining high quality outcomes. Utilization is so high already, however, that it is not likely that much more can be achieved to meet rising community need without adding significantly more treatment room capacity at some location.

Line D shows the hospital's 19 existing treatment rooms and the 22 rooms that will be available after CY2015 through an internal renovation project that changes spaces within and adjacent to the Department. The 3 additional rooms are all that can be gained by internal renovations, because Imaging and Surgery adjoin the ED and they cannot be cannibalized to provide ED space. The hospital's ED cannot expand externally on the site, because of site limitations. The hospital occupies an excavated hilltop, and is closely surrounded either by drop-offs or stone outcroppings. All level land around the ED and its landscaping is occupied by circulation drives and very limited parking.

Lines E shows the average visits per room that would need to be provided through CY2021, at 22 beds. Visits are currently at 2,284 visits per treatment room. By CY2021 utilization would reach 2,426 visits per room--even with the addition of 3 more treatment rooms in the current renovation project.

Lines F and G and their subparts show how much this intensive utilization exceeds two planning standards for full utilization of an ED room, and how many more ED rooms are needed to meet planning standards.

Currently the SHMC ED is operating at 127% of the HCA standard (1,800 annual visits per room. It is operating at 152% of a widely used industry standard (1,500 annual visits per room). By CY2021, even with conservatively projected growth and the addition of 3 more treatment rooms, the SHMC ED will be asked to operate at 135% of

the HCA standard and at 162% of the industry standard (this includes a semiprivate room which can only rarely be used due to patient confidentiality and privacy. A graph (Figure One) on the second following page depicts how CY2013-CY2014 utilization has exceeded both HCA and industry optimal standards for the past two years.

Visits per room need to be reduced to optimal standards, making emergency patient care more timely and efficient. The lines in Sections F and G in the Table show that between 8 and 14 more exam/treatment rooms will be required by CY2021, which is a relatively short planning horizon for hospital services. The applicant is proposing to open 8 rooms at the satellite location during the CY2017-CY2021 time period. After the facility's first five years, the need for further additions of capacity will be explored, at this or at another location in the SHMC service area.

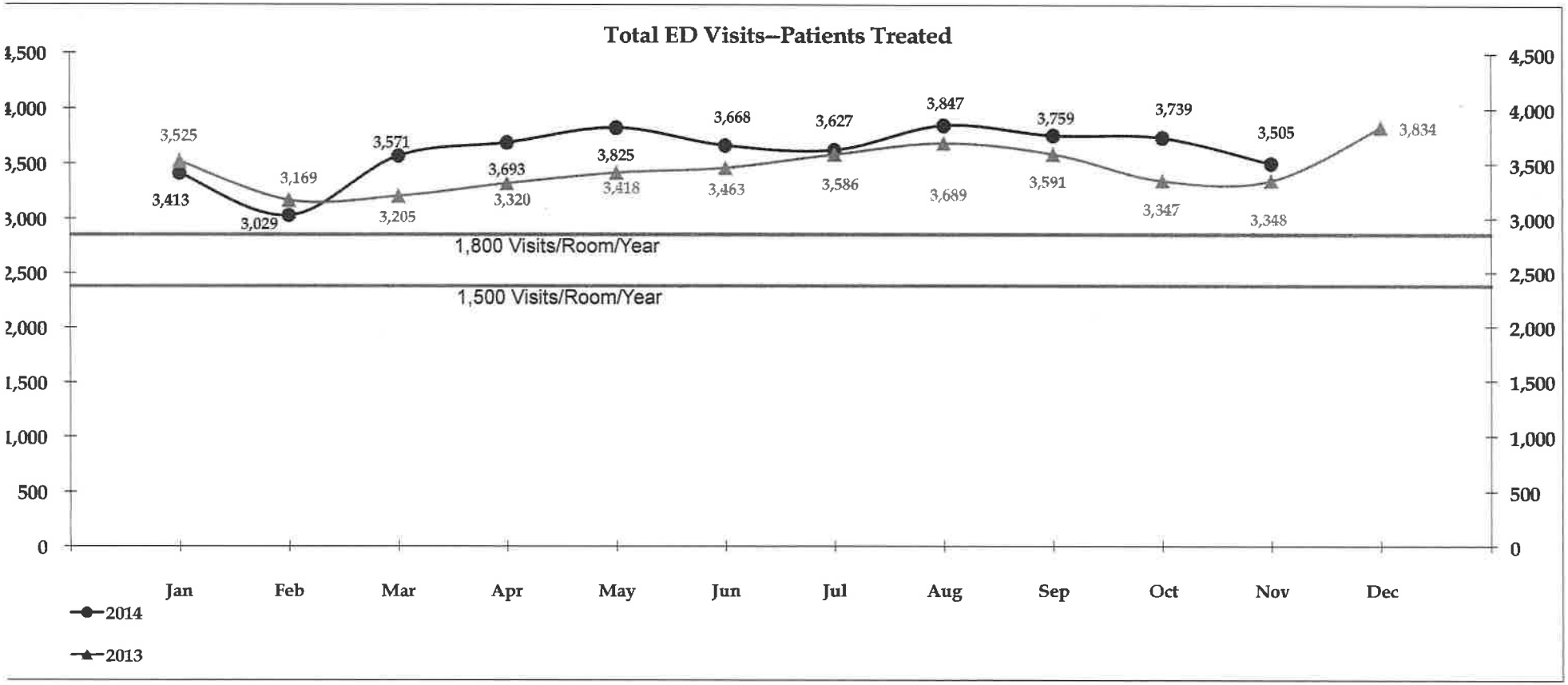
Table Five: TriStar Southern Hills Medical Center Emergency Department
Historic and Projected Community Demand for Visits CY2010-CY202--Without Proposed Satellite
Compared to Planning Standards for Optimal Utilization

		ACTUAL					COMMUNITY DEMAND PROJECTION						
	Year:	2010	2011	2012	2013	2014	2015	2016	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
A	Historic & Projected Community Demand for SHMC Emergency Visits	33,229	36,083	40,643	41,562	43,403	44,705	46,046	47,428	48,850	50,316	51,825	53,380
B	% Increase Over Prior Year		8.6%	12.6%	2.3%	4.4%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
C	2010-2014 Increase (CAGR)					6.7%							
D	Exam/Treatment Rooms	19	19	19	19	19	19	22	22	22	22	22	22
E	Average Visits/Room	1,749	1,899	2,139	2,187	2,284	2,353	2,093	2,156	2,220	2,287	2,356	2,426
F	HCA Standard--Optimal Visits/Room	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800
	% of Standard Currently	97.2%	105.5%	118.8%	121.5%	126.9%	130.7%	116.3%	119.8%	123.4%	127.1%	130.9%	134.8%
	Rooms Needed @ 1,800 Visits/Room	18	20	23	23	24	25	26	26	27	28	29	30
	Additional Rooms Needed to Meet Standard	-1	1	4	4	5	6	4	4	5	6	7	8
G	Industry Standard--Optimal Visits/Room	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
	% of Standard Currently	116.6%	126.6%	142.6%	145.8%	152.3%	156.9%	139.5%	143.7%	148.0%	152.5%	157.0%	161.8%
	Rooms Needed @ 1,500 Visits/Room	22	24	27	28	29	30	31	32	33	34	35	36
	Additional Rooms Needed to Meet Standard	3	5	8	9	10	11	9	10	11	12	13	14

Sources:

1. *Visits data from hospital records and managment projections.*
2. *HCA standards from HCA Corporate Design and Construction Staff.*
3. *Industry standards from HCA and CON applications.*
4. *Gain of 3 treatment rooms by CY2016, from internal renovations.*

Figure One: Southern Hills Medical Center- Emergency Department
Total ER Visits of Patients Treated - 19 Treatments Rooms
CY 2013 - November 2014



Specialty	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total ED Visits	2014	3,413	3,029	3,571	3,693	3,825	3,668	3,627	3,847	3,759	3,739	3,505	
	2013	3,525	3,169	3,205	3,320	3,418	3,463	3,586	3,689	3,591	3,347	3,348	3,834

Source: Casemix Db

ER Visits - CON
Fig1-SHMC ED Visits 2013-14.xlsx

The Proposed Satellite ED Will Be Very Accessible to Its Service Area

Because further ED expansion is not possible on SHMC's hilltop site, either internally or through new construction, the only option for adding ED capacity is an off-site satellite ED, as proposed in this application. The site selected is very accessible. It is a short drive south and west of the SHMC campus. It is close to I-65 and is on a major east-west roadway, where it can provide very accessible service to emergency patients in surrounding parts of the service area. It is on land owned by another HCA subsidiary, where a range of physician and outpatient services are planned in the years ahead.

Table Six below shows the project's distance from, and drive times to, ten locations distributed within the project's primary service area as defined by four zip codes. The map key numbers refer to zip code maps provided in Attachment C, Need-3, along with location maps.

Table Six: Distances and Drive Times from Project Site (Old Hickory Boulevard/SR254 at American Way) To Locations Within the Primary Service Area Zip Codes

Map Key	Intersection	Zip Code and Its Post Office Name	Distance in Miles	Drive Time
1	I-65 @ Old Hickory Blvd (SR254)	37027 Brentwood	1.0 mi.	5 min.
2*	Concord Rd. (SR 253) @ Wilson Pk. (SR 252)	37027 Brentwood	4.6 mi.	7 min.
3	I-65 @ Moore's Lane (SR 441)	37027 Brentwood	5.7 mi.	7 min.
4	Concord Rd. (SR 253) @ Bluff Rd.	37027 Brentwood	7.0 mi.	15 min.
5	Hillsboro Pk. (US 431) @ Old Hickory Blvd. (SR 254)	37215 Brentwood	5.2 mi.	12 min.
6*	Harding Pl. (SR 255) @ Hillsboro Pk. (SR 431)	37215 Nashville	7.9 mi.	13 min.
7	Harding Pl. (SR 255) @ Trousdale Dr.	37215 Nashville	4.7 mi.	7 min.
8*	Harding Pl. (SR 255) @ Nolensville Rd. (SR 11)	37211 Nashville	4.8 mi.	11 min.
9	Old Hickory Blvd. (SR 254) @ Nolensville Rd. (SR 11)	37211 Nashville	3.7 mi.	7 min.
10*	Franklin Rd. (SR 6) @ Hogan Rd.	37220 Nashville	7.1 mi.	14 min.
	AVERAGE ACCESSIBILITY		*5.2 mi.*	*9.8 min.*

Source: Google Maps, 12-6-14.
** Indicates approximate centroid of the zip code*

B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.

Not applicable.

B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE) WHICH EXCEEDS A COST OF $1.5 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATOR BY RESPONDING TO THE FOLLOWING:

1. For fixed site major medical equipment (not replacing existing equipment):

- **a. Describe the new equipment, including:**
  - **1. Total Cost (As defined by Agency Rule);**
  - **2. Expected Useful Life;**
  - **3. List of clinical applications to be provided; and**
  - **4. Documentation of FDA approval.**
- **b. Provide current and proposed schedule of operations.**

2. For mobile major medical equipment:

- **a. List all sites that will be served;**
- **b. Provide current and/or proposed schedule of operations;**
- **c. Provide the lease or contract cost;**
- **d. Provide the fair market value of the equipment; and**
- **e. List the owner for the equipment.**

3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable. The project contains no major medical equipment as defined by the CON statute and HSDA rules.

B.III.A. ATTACH A COPY OF THE PLOT PLAN OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:

1. **SIZE OF SITE (IN ACRES);**
2. **LOCATION OF STRUCTURE ON THE SITE;**
3. **LOCATION OF THE PROPOSED CONSTRUCTION; AND**
4. **NAMES OF STREETS, ROADS OR HIGHWAYS THAT CROSS OR BORDER THE SITE.**

PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.

See Attachment B.III.A.

B.III.B.1. DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ACCESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.

The project service area has excellent access to the proposed site. The site is in far south Davidson County, on Old Hickory Boulevard, within yards of Exit 74 on I-65. Old Hickory is a high-speed, east-west traffic corridor for most of its length, running across south Davidson County and connecting I-40, I-65, and I-24--which are major interstate corridors that bring travelers toward Nashville from Davidson and Williamson Counties. So the project will be well positioned to serve residents of these counties; and it will be very visible to them from Old Hickory Boulevard. If patients or family members arrive by Metro bus, there is a bus stop at the entrance to American General Way, immediately beside the site of the ED, on the north side of Old Hickory Boulevard. They will not have to walk across busy Old Hickory Boulevard or walk additional long distances to reach emergency care.

Table Seven on the following page repeats Table Six in a prior section. Table Seven shows the project's distance from, and drive times to, ten locations distributed within the project's zip code primary service area. The map key numbers refer to zip code maps provided in Attachment C, Need-3 at the back of this application, along with location maps for the project. Map key numbers with an asterisk denote approximate centroids of the four primary service area zip codes.

Table Eight on the following page provides distances and drive times from the project site to existing hospitals with emergency rooms, in the two primary service area counties.

Table Seven: Distances and Drive Times from Project Site (Old Hickory Boulevard/SR254 at American Way) To Locations in the Primary Service Area Zip Codes				
Map Key	**Intersection**	**Zip Code and Its Post Office Name**	**Distance in Miles**	**Drive Time**
1	I-65 @ Old Hickory Blvd (SR254)	37027 Brentwood	1.0 mi.	5 min.
2*	Concord Rd. (SR 253) @ Wilson Pk. (SR 252)	37027 Brentwood	4.6 mi.	7 min.
3	I-65 @ Moore's Lane (SR 441)	37027 Brentwood	5.7 mi.	7 min.
4	Concord Rd. (SR 253) @ Bluff Rd.	37027 Brentwood	7.0 mi.	15 min.
5	Hillsboro Pk. (US 431) @ Old Hickory Blvd. (SR 254)	37215 Brentwood	5.2 mi.	12 min.
6*	Harding Pl. (SR 255) @ Hillsboro Pk. (SR 431)	37215 Nashville	7.9 mi.	13 min.
7	Harding Pl. (SR 255) @ Trousdale Dr.	37215 Nashville	4.7 mi.	7 min.
8*	Harding Pl. (SR 255) @ Nolensville Rd. (SR 11)	37211 Nashville	4.8 mi.	11 min.
9	Old Hickory Blvd. (SR 254) @ Nolensville Rd. (SR 11)	37211 Nashville	3.7 mi.	7 min.
10*	Franklin Rd. (SR 6) @ Hogan Rd.	37220 Nashville	7.1 mi.	14 min.

Source: Google Maps, 12-6-14

** Indicates approximate centroid of the zip code*

Table Eight: Distances and Drive Times from Project Site To Hospital Emergency Departments in the Primary Service Area Counties			
Emergency Departments	**County**	**Distance in Miles**	**Drive Time in Minutes**
Williamson Medical Center	Williamson	10.1	14
Metro Nashville General Hospital	Davidson	12.4	14
St. Thomas Midtown Hospital	Davidson	10.8	17
Saint Thomas West Hospital	Davidson	11.2	14
TriStar Centennial Medical Center	Davidson	10.6	16
TriStar Skyline Medical Center	Davidson	17.8	22
TriStar Southern Hills Medical Center	Davidson	5.0	11
TriStar Summit Medical Center	Davidson	17.8	20
Vanderbilt University Medical Center	Davidson	9.3	16

Source: Google Maps, 12-5-14.

B.IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC.

See attachment B.IV.

IV. FOR A HOME CARE ORGANIZATION, IDENTIFY

1. **EXISTING SERVICE AREA (BY COUNTY);**
2. **PROPOSED SERVICE AREA (BY COUNTY);**
3. **A PARENT OR PRIMARY SERVICE PROVIDER;**
4. **EXISTING BRANCHES AND/OR SUB-UNITS; AND**
5. **PROPOSED BRANCHES AND/OR SUBUNITS.**

Not applicable. The application is not for a home care organization.

C(I) NEED

C(I).1. DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN AND TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.

A. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERIA AND STANDARDS (PAGES 6-9) HERE.

B. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS (4)(a-c).

Project-Specific Review Criteria: Construction, Renovation, Expansion, and Replacement of Health Care Institutions

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

Not applicable; such changes are not proposed in this project.

2. For relocation or replacement of an existing licensed healthcare institution:
a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.
b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

Not applicable. This project does not replace or relocate an existing facility.

3. For renovation or expansion of an existing licensed healthcare institution:
a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

Sections B.II.C above (Project Need), and C.I.6 below (Project Utilization), demonstrate that current utilization and conservatively projected demand for ED capacity at the applicant's facility justify the addition of a minimum of 8 treatment rooms.

In CY2014, the applicant has operated at 127% of the HCA standard for ED room utilization, and at 152% of the general industry standard. By CY2021, even with conservatively projected growth and the addition of 3 more treatment rooms, the SHMC ED as it is today can not meet its service area's needs for more capacity. It would require operating at 135% of its company's own planning standard and at 162% of an industry standard. This is not realisticff. At least 8 rooms must be added to bring utilization per room in line with optimal planning standards.

As shown in Table Nine-A on the following page, with 30 total treatment rooms instead of 22, Year Five (CY2021) projected demand will give the hospital's consolidated Emergency Department an overall utilization of 1,904 visits per room. The main ED will average 2,155 visits per room on 22 rooms, and the satellite ED will average 1,215 visits per room on 8 rooms. *(Note: Table Nine-B appears in Section C(I)6 below, p. 50; it is not relevant to this Guideline.)*

b. the applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

Further ED expansion is needed, but that can not be done on the SHMC hilltop site (either internally or through new construction). The only remaining option to add ED capacity is an off-site satellite ED, as proposed in this application. The site selected is very appropriate. It is a short drive south and west of the campus. It is close to I-65 and is on a major east-west roadway, where it can provide very accessible service to emergency patients in surrounding parts of the service area. It is on land owned by another HCA subsidiary, where a range of physician and outpatient services are planned in the years ahead.

Table Nine-A: TriStar Southern Hills Medical Center Emergency Department
Actual and Projected Visits CY2010-CY2021--With Proposed Satellite Open in CY2017
Distribution of Visits Between Main and Satellite Emergency Departments

		ACTUAL					PROJECTED						
	Year:	2010	2011	2012	2013	2014	2015	2016	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
A	Main Campus Visits	33,229	36,083	40,643	41,562	43,403	44,698	46,039	42,117	43,381	44,682	46,022	47,403
	Main Campus Rooms	19	19	19	19	19	19	22	22	22	22	22	22
	Main Campus Visits/Room	1,749	1,899	2,139	2,187	2,284	2,353	2,093	1,914	1,972	2,031	2,092	2,155
B	Satellite Visits								7,997	8,397	8,817	9,258	9,720
	Satellite Rooms								8	8	8	8	8
	Satellite Visits Per Room								1,000	1,050	1,102	1,157	1,215
C	Total Visits	33,229	36,083	40,643	41,562	43,403	44,698	46,039	50,114	51,778	53,499	55,280	57,123
	Total Rooms	19	19	19	19	19	19	22	30	30	30	30	30
	Total Visits Per Room	1,749	1,899	2,139	2,187	2,284	2,353	2,093	1,670	1,726	1,783	1,843	1,904

Sources: Hospital Records and Management Projections; and Table Five.

The Framework for Tennessee's Comprehensive State Health Plan

Five Principles for Achieving Better Health

The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.

1. Healthy Lives

The purpose of the State Health Plan is to improve the health of Tennesseans.
Every person's health is the result of the interaction of individual behaviors, society, the environment, economic factors, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.

The State Health Plan does not yet provide guidelines for evaluating the need for Emergency Department expansions of capacity. However, it is obvious that the closer a fully staffed and equipped Emergency Service is to patients needing emergency care, the better off those patients will be.

2. Access to Care

Every citizen should have reasonable access to health care.
Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.

This project is completely *financially* accessible to all residents of the service area who may need emergency care. Under Federal law, emergency care must be provided to all persons regardless of their insurance status. TriStar Southern Hills Medical Center seeks in this project to give its service area residents improved *physical* accessibility to emergency care--in terms of proximity and in terms of efficiency and responsiveness.

3. Economic Efficiencies

The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. **The State Health Plan should work to identify opportunities to improve the efficiency of the state's health care system and to encourage innovation and competition.**

This project increases consumer choice in selecting a provider of emergency care in Davidson and Williamson Counties. It has no significant competitive impact on the

utilization of emergency rooms of area hospitals, other than HCA's own hospitals. The shift from non-HCA area hospitals to the satellite will be only ½ of 1% of those hospitals' CY2013 emergency visits. See Section C.III.2 and Table Twenty, on p. 72.

4. Quality of Care

***Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.* Health care providers are held to certain professional standards by the state's licensure system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.**

TriStar Southern Hills Medical Center's caregiver teams and management observe high standards of professional preparation, competence, and care. The hospital and its parent company are heavily committed to identifying and implementing best practices though continuous data-driven evaluation. The hospital has received:

- CY2012 and CY2013 Joint Commission recognition as a Top Performer of Quality Measures
- Full three-year accreditation by the Joint Commission
- First hospital in Tennessee to earn the Joint Commission's Gold Seal of Approval for its acute coronary syndrome program
- Full three-year accreditation from the Commission on Cancer
- Accreditation by the Society of Cardiovascular Patient Care for its Percutaneous Coronary Intervention program
- Accreditation by the American College of Radiology (ACR) for Nuclear Medicine, Computed Tomography, and Mammography
- Certification by the American Association of Cardiovascular and Pulmonary Rehabilitation, for its Cardiac Rehabilitation program
- CY2014 Joint Commission Certificate of Distinction for advanced certification as a Primary Stroke Center
- CY2014 Joint Commission Certificate of Distinction for management of Acute Coronary Syndrome
- CY2014 Joint Commission Certificates of Distinction for management of both Joint Replacement-Knee and Joint Replacement-Hip. The hospital has recently opened a 20-bed, 18,000 square foot Joint and Spine Center.

5. Health Care Workforce

The state should support the development, recruitment, and retention of a sufficient and quality health care workforce. **The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs, and funding.**

The applicant's numerous affiliations with health professions training programs contribute continuously to the development of the healthcare workforce. These training relationships are listed in Section C.III.6 of this application.

C(I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMENT PLANS, IF ANY.

The project reflects TriStar Southern Hills Medical Center's ongoing commitment to the health of residents in its Davidson and Williamson County service area. Few services are as important to the general population as emergency care.

The hospital's continuing addition of advanced acute care programs, and the Joint Commission's recognition of their high quality, has generated strong public confidence and increasing utilization of its emergency services. The need to add ED capacity to keep up with public demand has been identified for some time; but a solution was not evident until the hospital's parent company secured a large tract of land in south Davidson County, suitable for long-range development of acute care services. So there is a strong relationship of this project to well-defined and documented needs of the service area, over several recent years' time.

C(I).3. IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLENESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).

The primary service area is defined in this application in two ways. First, as required by HSDA rules, it is defined as Davidson and Williamson Counties, which this hospital has served for many years. Second, it is defined as the four South Davidson County and north Williamson County zip codes that surround the project site and are readily accessible to it. Those zip codes are: 37027--Brentwood; 37211--Nashville; 37215--Nashville/Forest Hills; and 37220--Nashville/Oak Hill.

Attachment C, Need--3 at the back of the application contains maps of the primary service area zip codes and the primary service area counties.

Table Ten-A: Projected Patient Origin By County			
County	**Percent of Total**	**Year One Visits**	**Year Two Visits**
Davidson	85.3%	6,822	7,163
Williamson	14.5%	1,160	1,218
Subtotal PSA	**99.8%**	**7,982**	**8,381**
Other Co. Ea.<5%	0.2%	15	16
Total	**100.0%**	**7,997**	**8,397**

Table Ten-B: Projected Patient Origin By Zip Code			
Zip Code	**Percent of Total**	**Year One Visits**	**Year Two Visits**
37027 Brentwood	13.9%	1,111	1,167
37211 Nashville	66.6%	5,327	5,593
37215 Forest Hills	3.3%	261	274
37220 Oak Hill	2.3%	187	196
Subtotal PSA	**86.1%**	**6,886**	**7,230**
Other Ea. < 5%	13.9%	1,111	1,167
Total	**100.0%**	**7,997**	**8,397**

The county-level service area was determined by reviewing the hospital's patient origin for emergency visits by county. Approximately 93% of the hospital's ED visits in CY2014 were from Davidson and Williamson Counties. The satellite ED site is only a few minutes' drive to the west and south of the hospital. It is in south Davidson County and it is almost on the Williamson County line, which crosses the Brentwood zip code near the site. So it is clear that the satellite ED will draw the great majority of its visits from Davidson and Williamson Counties. Other counties' residents would use the satellite ED for unexpected emergency care only if they were visitors staying in the immediate area, persons with daily jobs in or near the area, or persons traveling through on Interstate 65 or other highways. Residents of other counties are estimated to comprise less than 5% of the satellite ED's visits.

The zip code-level service area (the four zip codes 37027, 37211, 37215, and 37220) was determined by a three-step methodology.

(1) The Southern Hills ED's 2014 patient origin by zip code was identified, and sorted by the number of visits generated to the hospital ED. It was found that approximately 44% of TriStar Southern Hills' total ED visits are generated by two of the zip codes (37211 and 37013)--and that parts of those zip codes have as good accessibility to the satellite ED as to the main campus ED. See Table Eleven on the following page.

(2) Hospital management identified four of those zip codes that surround the satellite ED site. These were mapped to evaluate drive time access to the site. Maps and drive times indicate good roadway access to the site from all four zip codes. See Table Twelve on the second following page and see also the map following it. The 37215 and 37220 zip codes were projected to use the satellite location based primarily on proximity.

(3) Using CY2013 THA data, the four zip codes' utilization of ED's was projected through CY2021, which will be Year Five of the satellite ED. This gave reasonable assurance that the populations of the zip codes were increasing and that their utilization of emergency services would continue to increase. See Table Thirteen following the map below.

Table Eleven: TriStar Southern Hills Medical Center Emergency Department
Patient Origin By Zip Code
CY 2014 January-October Annualized

Patient Zip Code	Patient City	Patient County	Total	Cumulative Patients	% by Zip Code	Cumulative %	Annualized 2014
37211	NASHVILLE	DAVIDSON	14,273	14,273	40.42%	40.42%	17,128
37013	ANTIOCH	DAVIDSON	9,532	23,805	26.99%	67.41%	11,438
37217	NASHVILLE	DAVIDSON	3,190	26,995	9.03%	76.44%	3,828
37210	NASHVILLE	DAVIDSON	1,267	28,262	3.59%	80.03%	1,520
37086	LA VERGNE	RUTHERFORD	576	28,838	1.63%	81.66%	691
37027	BRENTWOOD	WILLIAMSON	550	29,388	1.56%	83.21%	660
37207	NASHVILLE	DAVIDSON	437	29,825	1.24%	84.45%	524
37167	SMYRNA	RUTHERFORD	377	30,202	1.07%	85.52%	452
37214	NASHVILLE	DAVIDSON	374	30,576	1.06%	86.58%	449
37115	MADISON	DAVIDSON	308	30,884	0.87%	87.45%	370
37203	NASHVILLE	DAVIDSON	299	31,183	0.85%	88.30%	359
37206	NASHVILLE	DAVIDSON	267	31,450	0.76%	89.05%	320
37076	HERMITAGE	DAVIDSON	255	31,705	0.72%	89.78%	306
37208	NASHVILLE	DAVIDSON	203	31,908	0.57%	90.35%	244
37209	NASHVILLE	DAVIDSON	195	32,103	0.55%	90.90%	234
37204	NASHVILLE	DAVIDSON	175	32,278	0.50%	91.40%	210
37135	NOLENSVILLE	WILLIAMSON	160	32,438	0.45%	91.85%	192
37220	NASHVILLE	DAVIDSON	155	32,593	0.44%	92.29%	186
37130	MURFREESBORO	RUTHERFORD	140	32,733	0.40%	92.69%	168
37216	NASHVILLE	DAVIDSON	135	32,868	0.38%	93.07%	162
37218	NASHVILLE	DAVIDSON	123	32,991	0.35%	93.42%	148
37129	MURFREESBORO	RUTHERFORD	104	33,095	0.29%	93.71%	125
37064	FRANKLIN	WILLIAMSON	99	33,194	0.28%	93.99%	119
37122	MOUNT JULIET	WILSON	93	33,287	0.26%	94.25%	112
37221	NASHVILLE	DAVIDSON	91	33,378	0.26%	94.51%	109
37072	GOODLETTSVILLE	DAVIDSON	81	33,459	0.23%	94.74%	97
37138	OLD HICKORY	DAVIDSON	80	33,539	0.23%	94.97%	96
37128	MURFREESBORO	RUTHERFORD	78	33,617	0.22%	95.19%	94
37075	HENDERSONVILLE	SUMNER	75	33,692	0.21%	95.40%	90
37067	FRANKLIN	WILLIAMSON	69	33,761	0.20%	95.60%	83
37011	ANTIOCH	DAVIDSON	58	33,819	0.16%	95.76%	70
38401	COLUMBIA	MAURY	57	33,876	0.16%	95.92%	68
37215	NASHVILLE	DAVIDSON	54	33,930	0.15%	96.08%	65
Other < 50 Visits			1,386	35,316	3.92%	100.00%	1,663
ALL ZIP CODES							42,379

Source: Hospital records.

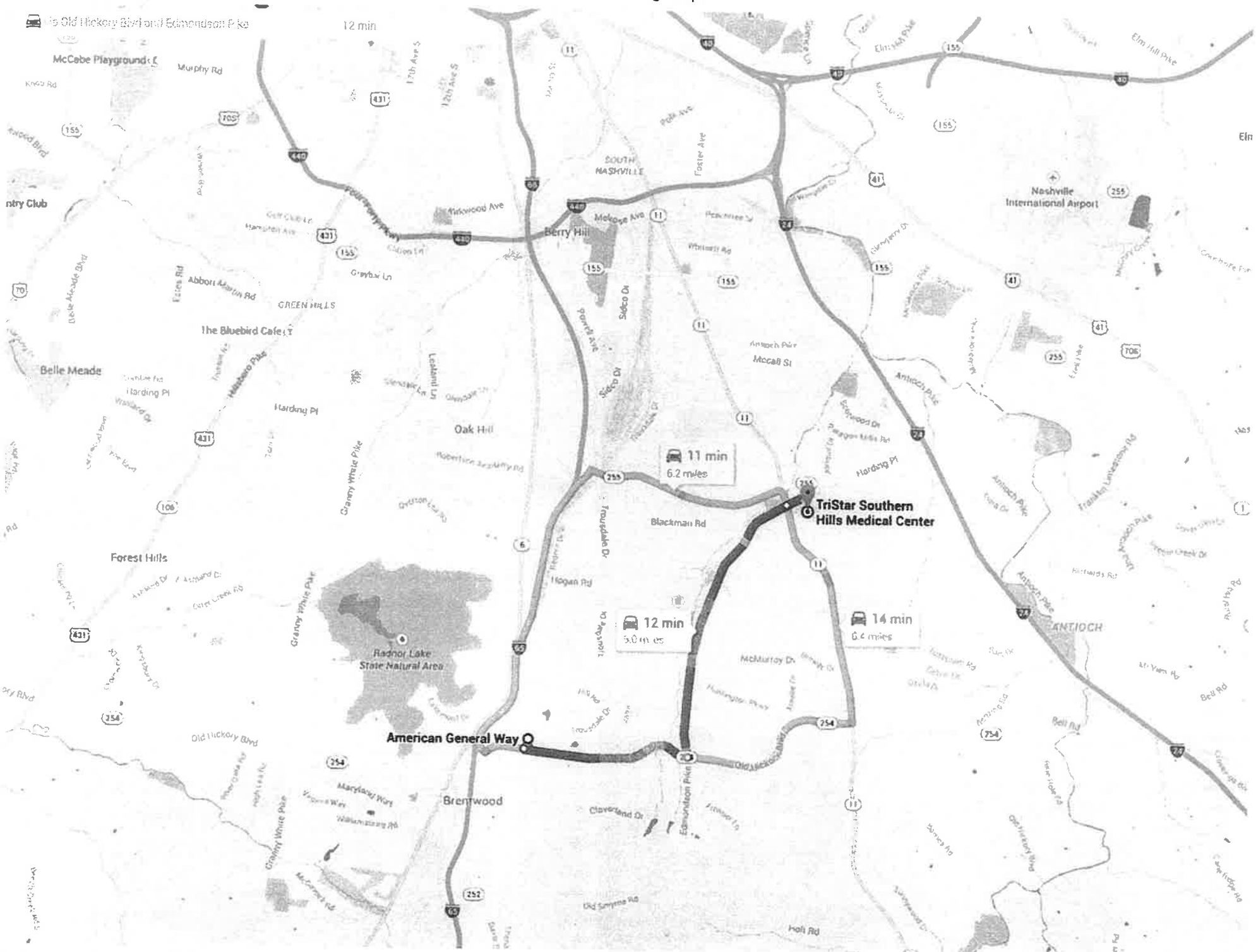
Table Twelve: TriStar Southern Hills Medical Center Emergency Department at I-65
Distances & Drive Times to Project Site at Old Hickory Boulevard and American General Way

Map Key	Intersection	Zip Code	Distance	Drive Time
1	I-65 & Old Hickory Blvd. (SR 254)	37027 -- Brentwood	1.0 mi.	5 min.
2	**Concord R. (SR 253) & Wilson Pk. (SR 252)**	**37027 -- Brentwood**	**4.6 mi.**	**7 min.**
3	I-65 & Moore's Lane (SR 441)	37027 -- Brentwood	5.7 mi.	7 min.
4	Concord Rd. (SR 253) at Bluff Rd.	37027 -- Brentwood	7.0 mi.	15 min.
5	Hillsboro Pk. (US 431) & Old Hickory Blvd. (SR 254)	37215 & 027- Br. & Nvl.	5.2 mi.	12 min.
6	**Harding Pl. (SR 255) & Hillsboro Pk. (SR 431)**	**37215 -- Nvl (Grn Hls & Forest Hls)**	**7.9 mi.**	**13 min.**
7	Harding Pl. (SR 255) & Trousdale Dr.	37211 -- Nashville	4.7 mi.	7 min.
8	**Harding Pl. (SR 255) & Nolensville Rd. (SR 11)**	**37211 -- Nashville**	**4.8 mi.**	**11 min.**
9	Old Hickory Blvd. (SR 254) & Nolensville Rd. (SR 11)	37211 -- Nashville	3.7 mi.	7 min.
10	**Franklin Rd. (SR 6) & Hogan Rd.**	**37220 -- Nvl (Oak Hill & Radnor Lk.)**	**2.8 mi.**	**9 min.**

Source: Google Maps

Note: Centroid Intersections for each Zip Code are in Bold Print.

Google Maps



https://www.google.com/maps/dir/American+General+Way,+Brentwood,+TN+37027/TriStar+Southern+Hills+Medical+Center

Table Thirteen: TriStar Southern Hills Medical Center Emergency Department at I-65
Primary Service Area Zip Codes
Residents' Utilization of Emergency Rooms At All Locations

				CY2017		CY 2018		CY 2019		CY 2020		CY 2021	
PSA Zip Codes	2013 Total Population	2013 ED Visits By Residents	2013 ED Use Rate (Visits/000)	Population	Visits	Population	Visits	Population	Visits	Population	Visits	Population	Visits
37211	76,264	33,950	445	80,211	35,694	81,230	36,147	82,261	36,606	83,306	37,071	84,364	37,542
37027	51,937	8,238	159	56,062	8,914	57,144	9,086	58,246	9,261	59,371	9,440	60,516	9,622
37220	6,094	1,108	182	6,480	1,179	6,581	1,198	6,683	1,216	6,786	1,235	6,891	1,254
37215	23,324	3,744	161	24,609	3,962	24,942	4,016	25,278	4,070	25,620	4,125	25,965	4,180
TOTALS	**157,619**	**47,040**	**298**	**167,362**	**49,749**	**169,896**	**50,446**	**172,469**	**51,154**	**175,082**	**51,871**	**177,737**	**52,599**

Source: Zip code population from ScanUSA; 2013 zip code visits from THA database.

C(I).4.A DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

Please see Table Fourteen on the following page. The primary service area (PSA) population has a younger median age (approximately 36) than the State median age of 38 years. Between this year and 2018, the PSA population is projected by State demographers to increase by 5.4%, faster than the 3.7% increase forecasted for the State.

The PSA's elderly age 65+ population is 11.3% of the total population, much less than the 14.9% Statewide percentage. By 2018, the PSA and State percentages of elderly are projected to exceed 12% and 16%, respectively. However, the projection is for the PSA's age 65+ population to increase 16.3% over the next four years, compared to a 12.3% increase Statewide.

In terms of income, the PSA's median household income of $68,911 is far above the State average of $44,140. TennCare enrollment in the PSA is 15.5% of the population versus 18.8% Statewide. The persons living in poverty in the PSA are also 15.5% of the population, compared to 17.3% Statewide.

The applicant hospital is located in south Davidson County, an area that is exceptionally diverse in ethnicity and languages, as well as in ages and income levels. For example, the hospital's emergency patients this year spoke 35 primary languages in addition to English.

Table Fourteen: Demographic Characteristics of Primary Service Area TriStar Southern Hills Emergency Department at I-65 2014-2018

Demographic	DAVIDSON County	WILLIAMSON County	TENNESSEE PSA	STATE OF TENNESSEE
Median Age-2010 US Census	33.9	38.5	36.2	38.0
Total Population-2014	656,385	202,923	859,308	6,588,698
Total Population-2018	682,330	223,333	905,663	6,833,509
Total Population-% Change 2014 to 2018	4.0%	10.1%	5.4%	3.7%
Age 65+ Population-2014	74,375	23,028	97,403	981,984
% of Total Population	11.3%	11.3%	11.3%	14.9%
Age 65+ Population-2018	85,594	27,729	113,323	1,102,413
% of Total Population	12.5%	12.4%	12.5%	16.1%
Age 65+ Population- % Change 2014-2018	15.1%	20.4%	16.3%	12.3%
Median Household Income	$46,676	$91,146	$68,911	$44,140
TennCare Enrollees (4/14)	124,103	9,214	133,317	1,241,028
Percent of 2014 Population Enrolled in TennCare	18.9%	4.5%	15.5%	18.8%
Persons Below Poverty Level (2014)	121,431	11,770	133,201	1,139,845
Persons Below Poverty Level As % of Population (US Census)	18.5%	5.8%	15.5%	17.3%

Sources: TDH Population Projections, May 2013; U.S. Census QuickFacts; TennCare Bureau. PSA data is unweighted average or total of county data, as appropriate.

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C(I).4.B. DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENT HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.

TriStar Southern Hills Medical Center is located in south Davidson County, an area that is exceptionally diverse in ethnicity and languages, as well as in ages and income levels. For example, the hospital's emergency patients this year spoke 35 primary languages in addition to English. The hospital provides its acute care services to all of these groups.

Hospitals in the Medicare program are required by Federal law to provide all required care to any patient for whom emergency care is appropriate, when that patient presents to the hospital Emergency Room. The applicant complies with this requirement and the proposed satellite ED will also.

Table Eight: TriStar Southern Hills Satellite Emergency Department Service to Special Needs Groups

Category	Percentage of Gross Revenues, Yr. 1
Medicare Payor Mix	19%
Medicaid/TennCare Payor Mix	31%
Charity Care Payor Mix	24%

C(I).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND ITS UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND OCCUPANCY. OTHER PROJECTS SHOULD USE THE MOST APPROPRIATE MEASURES, E.G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.

The two-county service area has nine hospital emergency rooms. Table Fifteen on the following page shows their utilization for the past three years. The hospital addresses are provided on the second following page.

From CY2011 through CY2013, the primary service area's ED visits increased by 9.3%, which is an approximate CAGR (compound annual growth rate) of 4.5% per year. Eight of the nine hospitals experienced increases in their ED visits.

The change in visits ranged from a 28.3% increase at TriStar Centennial Medical Center to a 1.9% decline at Saint Thomas West Hospital.

It should be noted that the primary service area's total ED utilization increased each year by an average of 22,022 visits. That is twice the number of visits that this satellite project will attract in Year Five of its operation. This means that the annual utilization shifted to the satellite would be exceeded by overall market growth every six months. The satellite's impact on area visits therefore would be minimal.

Table Fifteen: TriStar Southern Hills Medical Center Emergency Department
Utilization of Primary Service Area Emergency Departments
CY2011-CY2013

Emergency Departments in Primary Service Area Counties (Davidson and Williamson)	2011 Patients Presenting	2011 Patients Treated	2012 Patients Presenting	2012 Patients Treated	2013 Patients Presenting	2013 Patients Treated	2011-13 Change in Patients Treated
Williamson Medical Center (Williamson)	35,961	35,396	37,946	37,716	36,184	36,176	2.2%
Metro Nashville General Hospital (Davidson)	33,199	33,199	34,214	34,214	36,536	36,536	9.1%
St. Thomas Midtown Hospital (Davidson)	50,050	50,050	52,064	52,064	51,643	51,643	3.1%
Saint Thomas West Hospital (Davidson)	33,973	33,637	34,174	33,490	33,400	33,006	-1.9%
TriStar Centennial Medical Center (Davidson)	34,534	34,534	38,774	38,774	48,146	48,146	28.3%
TriStar Skyline Medical Center (Davidson)	52,637	50,749	56,707	54,742	54,922	54,598	7.0%
TriStar Southern Hills Medical Center (Davidson)	36,633	36,083	41,520	40,632	42,383	41,495	13.0%
TriStar Summit Medical Center (Davidson)	47,191	47,981	52,870	52,862	51,552	50,834	5.6%
Vanderbilt University Medical Center (Davidson)	109,987	109,987	0 114,051	0 114,051	128,136	119,225	7.7%
Total Visits from All Locations	434,165	431,616	462,320	458,545	482,902	471,659	9.3%
Percent of Presenting Patients Who Were Treated		99%		99%		98%	
Visits--Compound Annual Growth Rate 2011-13							>4.5% CAGR
Visits--Average Annual Increase							20,002

Source: Joint Annual Reports

LOCATIONS OF DAVIDSON AND WILLIAMSON COUNTY EMERGENCY ROOMS

Williamson County Medical Center
4321 Carothers Parkway
Franklin, TN 37067

Metropolitan Nashville General Hospital
1818 Albion Street
Nashville, TN 37208

St. Thomas Midtown Hospital
2000 Church Street
Nashville, TN 37236

Saint Thomas West Hospital
4220 Harding Road
Nashville, TN 37205

TriStar Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203

TriStar Skyline Medical Center
3441 Dickerson Pike
Nashville, TN 37207

TriStar Southern Hills Medical Center
391 Wallace Road
Nashville, TN 37211

TriStar Summit Medical Center
5655 Frist Blvd
Hermitage, TN 37076

Vanderbilt University Medical Center
1161 21st Ave. South
Nashville, TN 37232

C(I).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.

A. Utilization of the TriStar Southern Hills Main Emergency Department

Tables Five and Nine-A from prior sections of this application are provided again below. Table Five provides historical ED utilization data and its average annual increase of 6.7% from 2010 through 2014. It projects community demand for this ED at a minimal 3% annually. It presents planning standards for ED rooms and calculates the shortage of room capacity in this ED currently, and through CY2021. Note that 3 more rooms will be added by CY2016. Table Nine-A projects utilization for the main ED and the proposed satellite ED, and shows how they will share projected demand from CY2017 on. Details from these tables include the following:

1. From CY2010-CY2014, the TriStar Southern Hills Emergency Department grew at an average of 6.7% annually (CAGR or "year on year"). The applicant is conservatively projecting 3% annual growth in community demand for services at this location, through CY2021. This is conservative in light of the two-county service area's annual 4.5% increases in ED visits, as documented in Table Fifteen in a prior section of the application.

2. The hospital's 19 treatment beds are being used currently at an average of 2,284 annual visits per room. That is approximately 127% of the company's standard for optimal use, and approximately 152% of a general industry standard of 1,500 visits per bed. Between 5 and 10 more treatment rooms are needed today, to meet these standards. By CY2016, the hospital will have added 3 more ED rooms through internal renovation. Without this satellite project, even the expanded 22-room ED will face community demand for 2,426 visits per room in CY2021, which will be 135%-162% of the two optimal standards. Such overutilization will not be feasible at a size of only 22 treatment

rooms. The satellite freestanding ED is what the hospital must have to provide timely and appropriate care to the community.

3. Table Nine-A shows the projected utilization of the main campus ED and the proposed satellite ED through Year Five of the satellite's operation. Being within the current service area of the main campus ED, the satellite is projected in CY2017 to draw 5,303 visits away from the main ED, leaving the main ED at 42,117 visits. A small number of additional visits will come to the satellite instead of going to other hospital EDs. If the main campus ED maintains a 3% average annual growth rate after CY2016, then by CY2021 the main ED will average 2,155 visits per room. If the satellite's visits increase 5% annually, the satellite will operate at 1,215 average visits per room in CY2021. The consolidated, two-site Emergency Department will average 1,904 visits per room.

B. Utilization of the Proposed 1-65 Satellite ED and the Main ED

To project the satellite ED's utilization, and its impact on the main campus ED and on other area ED's, the hospital management team identified the total CY2013 ED visits sent to all area hospitals by each of the four primary service area zip codes. The team estimated the percentage of each zip code's visits that would likely have come to the satellite had it been open (based on accessibility and relationships).

The estimates were that the satellite would have attracted a total of 7,997 visits:

(1) An estimated 5,434 (68%) of the satellite's visits would have represented shifts from area TriStar ED's--with TriStar Southern Hills' main ED contributing 4,632 (85%) of those visit shifts within TriStar. These would have been internal to the applicant's parent company.

(2) Only 1,440 of the satellite's Year One visits would have been shifted from non-HCA area hospitals (St. Thomas West and Midtown, Vanderbilt, Metro General, Williamson Medical Center). That total shift would have equaled only 6.3% of those hospitals' total visits from those four zip codes, and only 0.5% of their total ED visits from all locations.

(3) Another 1,123 visits (5% of the satellite ED's total visits) would have come from areas outside of the 4-zip code primary service area.

The 7,997 visits were used as the projected Year One utilization of the satellite; and a 5% annual increase in satellite visits was projected through Year Five--consistent with the approximate 5% annual increase in service area ED's from CY2011 through CY2013.

Following Table Nine-A below is Table Nine-B. It breaks down Table Nine-A's historical and projected visits by Level of Acuity, through Year Two of the satellite project.

Table Five: TriStar Southern Hills Medical Center Emergency Department
Historic and Projected Community Demand for Visits CY2010-CY202--Without Proposed Satellite
Compared to Planning Standards for Optimal Utilization

		ACTUAL					COMMUNITY DEMAND PROJECTION						
	Year:	2010	2011	2012	2013	2014	2015	2016	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
A	Historic & Projected Community Demand for SHMC Emergency Visits	33,229	36,083	40,643	41,562	43,403	44,705	46,046	47,428	48,850	50,316	51,825	53,380
B	% Increase Over Prior Year		8.6%	12.6%	2.3%	4.4%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
C	2010-2014 Increase (CAGR)					6.7%							
D	Exam/Treatment Rooms	19	19	19	19	19	19	22	22	22	22	22	22
E	Average Visits/Room	1,749	1,899	2,139	2,187	2,284	2,353	2,093	2,156	2,220	2,287	2,356	2,426
F	HCA Standard--Optimal Visits/Room	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800
	% of Standard Currently	97.2%	105.5%	118.8%	121.5%	126.9%	130.7%	116.3%	119.8%	123.4%	127.1%	130.9%	134.8%
	Rooms Needed @ 1,800 Visits/Room	18	20	23	23	24	25	26	26	27	28	29	30
	Additional Rooms Needed to Meet Standard	-1	1	4	4	5	6	4	4	5	6	7	8
G	Industry Standard--Optimal Visits/Room	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
	% of Standard Currently	116.6%	126.6%	142.6%	145.8%	152.3%	156.9%	139.5%	143.7%	148.0%	152.5%	157.0%	161.8%
	Rooms Needed @ 1,500 Visits/Room	22	24	27	28	29	30	31	32	33	34	35	36
	Additional Rooms Needed to Meet Standard	3	5	8	9	10	11	9	10	11	12	13	14

Sources:

1. *Visits data from hospital records and managment projections.*
2. *HCA standards from HCA Corporate Design and Construction Staff.*
3. *Industry standards from HCA and CON applications.*
4. *Gain of 3 treatment rooms by CY2016, from internal renovations.*

Table Nine-A: TriStar Southern Hills Medical Center Emergency Department
Actual and Projected Visits CY2010-CY2021--With Proposed Satellite Open in CY2017
Distribution of Visits Between Main and Satellite Emergency Departments

		ACTUAL					PROJECTED						
	Year:	2010	2011	2012	2013	2014	2015	2016	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
A	Main Campus Visits	33,229	36,083	40,643	41,562	43,403	44,698	46,039	42,117	43,381	44,682	46,022	47,403
	Main Campus Rooms	19	19	19	19	19	19	22	22	22	22	22	22
	Main Campus Visits/Room	1,749	1,899	2,139	2,187	2,284	2,353	2,093	1,914	1,972	2,031	2,092	2,155
B	Satellite Visits								7,997	8,397	8,817	9,258	9,720
	Satellite Rooms								8	8	8	8	8
	Satellite Visits Per Room								1,000	1,050	1,102	1,157	1,215
C	Total Visits	33,229	36,083	40,643	41,562	43,403	44,698	46,039	50,114	51,778	53,499	55,280	57,123
	Total Rooms	19	19	19	19	19	19	22	30	30	30	30	30
	Total Visits Per Room	1,749	1,899	2,139	2,187	2,284	2,353	2,093	1,670	1,726	1,783	1,843	1,904

Sources: Hospital Records and Management Projections; and Table Five.

Table Nine-B: Southern Hills Medical Center Emergency Department
Patients Presenting 2012-2018 By Level of Acuity

	2012	2013	2014	2015	2016	Satellite Yr 1 2017	Satellite Yr 2 2018
Main ED							
Level I	2,197	1,598	1,417	1,459	1,504	1,375	1,417
Level II	2,328	2,448	2,096	2,159	2,223	2,034	2,095
Level III	20,568	20,803	21,940	22,594	23,272	21,290	21,929
Level IV	10,721	11,526	12,759	13,140	13,534	12,381	12,752
Level V	4,829	5,187	5,191	5,346	5,506	5,037	5,188
Sub Total	**40,643**	**41,562**	**43,403**	**44,698**	**46,039**	**42,117**	**43,381**
Satellite ED							
Level I	-	-	-	-	-	205	214
Level II	-	-	-	-	-	516	542
Level III	-	-	-	-	-	4,266	4,479
Level IV	-	-	-	-	-	2,591	2,723
Level V	-	-	-	-	-	419	439
Sub Total	-	-	-	-	-	**7,997**	**8,397**
Combined ED's						**50,114**	**51,778**

C(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.

• ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST $3,000 ON LINE F (MINIMUM CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.

• THE COST OF ANY LEASE (BUILDING, LAND, AND/OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENTS OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE OR "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER CLICK" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.

• THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WHICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.

• FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.

The architect's letter supporting the construction cost estimate is provided in Attachment C, Economic Feasibility--1.

On the Project Costs Chart, following this response, costs were estimated by HCA's Design and Construction staff.

Lines A.3 and A.4, site acquisition and improvement costs, are zero because the lessor, not the CON applicant, is providing the site. The applicant is building out shelled space for the project and the applicant's costs are in Sections A and C of the Chart.

Line B.2 is the fair market value of the facility being leased, calculated in the two alternative ways required by staff rules. The building value was the larger of these two alternative calculations and was used in the Project Cost Chart. Please see the following page for calculation of the building value and lease outlay.

Line B.3 is the allocated value of 2.83 acres of an undivided tract of 14 acres within the larger 53-acre site acquired by Southpoint, LLC for future development. The 14 acres were valued by an appraiser in 2013 at $9,583,200. Allowing for a year's increase in value, the applicant estimated its current value at $10,000,000. The 2.83 acre site of the ASTC was valued using the following allocation calculation:

2.83 acres / 14 acres X $10,000,000 = $2,201,409

Alternative A: Lease Outlay

$183,821 annual lease cost in Year One, with a 3% annual escalator after Year One, for a first term of 10 years, equals a lease outlay of $2,107,302 during the first lease term.

Alternative B: Building and Land Valuation

Estimated project costs, all of which will provided by the lessor = $4,083,000 for the building (Sections A+C below) and $2,201,409 allocated cost of the site, for a total of $6,284,409. Building expenditures are itemized below, using the CON form's cost categories. The land value is on line B.3 of the Project Cost Chart.

Lessor's Costs of Developing the Project "Turnkey" for the Lessee (CON Applicant)		
A. Construction & Equipment Purchased		
1. A&E Fees		$123,000
2. Legal, Administrative, Consultant Fees		$10,000
3. Acquisition of Site		NA
4. Preparation of Site		$1,500,000
5. Construction Cost		$2,050,000
6. Contingency (10% of A.5)		$205,000
7. Fixed Equipment		NA
8. Moveable Equipment		NA
9. Other (IT, telecomm., misc.)		NA
B. Acquisition by Gift, Donation, or Lease		
1. Facility (Building+Land)		NA
2. Building Only		NA
3. Land Only		$2,201,409
4. Equipment (Specify)		NA
5. Other (Specify)		NA
C. Financing Costs & Fees		
1. Interim Interest		$195,000
2. Underwriting Costs		NA
3. Reserve for 1 Yr Debt Service		NA
4. Other (Specify)		NA
D. Estimated Project Cost (A+B+C)		
E. CON Filing Fee		NA
F. Total Estimated Lessor's Project Cost (D+E)		$6,284,409

PROJECT COSTS CHART--Southern Hills Medical Center Emergency Department at I-65

A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees		$ 103,805
2. Legal, Administrative, Consultant Fees (Excl CON Filing Fee)		140,000
3. Acquisition of Site		0
4. Preparation of Site		0
5. Construction Cost	10,813 SF @ $160 PSF	1,730,080
6. Contingency Fund	10%	173,000
7. Fixed Equipment (Not included in Construction Contract)		1,985,000
8. Moveable Equipment (List all equipment over $50,000)		
9. Other (Specify)	IT and Telecommunications	650,000

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)		0
2. Building only	(A + C from Shell Cost Chart)	4,083,000
3. Land only	(B from Shell Cost Chart)	2,201,409
4. Equipment (Specify)		0
5. Other (Specify)		0

C. Financing Costs and Fees:

1. Interim Financing	225,000
2. Underwriting Costs	0
3. Reserve for One Year's Debt Service	0
4. Other (Specify)	0

D. Estimated Project Cost (A+B+C) 11,291,294

E. CON Filing Fee 25,405

F. Total Estimated Project Cost (D+E) TOTAL $ 11,316,699

Item #	Item Description	Class	Vendor	Dept	Space	Item Qty		
TB11077	OPTIMA CT660 WITH ASIR FOR	CB	GE HEALTHCARE TECHNOLOGIES	IMAGING	1-148-CT		1	$385,985.13
TB10954	PROTEUS 80 KW ANALOG RAD ROOM	CB	GE HEALTHCARE TECHNOLOGIES	IMAGING	1-145-R/F		1	$147,649.77
TB11057	GE AMX 4 PLUS PROTABLE X-RAY	CB	GE HEALTHCARE TECHNOLOGIES	EMERGENCY	1-129-EQUIP STORAGE		1	$111,236.87
000111	LOGIQ S8 ULTRASOUND WITH ACCESSORIES FOR OLATHE FSED	M0	GE HEALTHCARE - ULTRASOUND	EMERGENCY	1-129-EQUIP STORAGE		1	$85,144.24

C(II).2. IDENTIFY THE FUNDING SOURCES FOR THIS PROJECT.

a. PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY--2).

_____A. Commercial Loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

_____B. Tax-Exempt Bonds--copy of preliminary resolution or a letter from the issuing authority, stating favorable contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

_____C. General Obligation Bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting;

_____D. Grants--Notification of Intent form for grant application or notice of grant award;

___X__E. Cash Reserves--Appropriate documentation from Chief Financial Officer; or

_____F. Other--Identify and document funding from all sources.

All of the funds required to implement the project will be provided in the form of a cash transfer from HCA Holdings, Inc., through its Division office, TriStar Health System. The financial statements of HCA Holdings, Inc. are provided in the Attachments to the application.

The capital required is the total project cost on Line F of the Project Cost Chart minus the allocated value of the site in Line B3: $11,316,699 - $2,201,409 = $9,115,290.

The availability of the required capital is assured by a letter in the Attachments from the Chief Financial Officer of the TriStar Division of HCA.

C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COSTS. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.

The justification of costs was provided in an earlier section, which is repeated here:

Hospital construction projects approved by the HSDA during 2010-2013 proposed the following construction costs per SF:

Table Four-A: CON Approved Projects--Hospital Construction Cost PSF Years 2011-2013			
	Renovated Construction	New Construction	Total Construction
1st Quartile	$107.15/sq ft	$235.00/sq ft	$151.56/sq ft
Median	$179.00/sq ft	$274.63/sq ft	$227.88/sq ft
3rd Quartile	$249.00/sq ft	$324.00/sq ft	$274.63/sq ft

Source: CON approved applications for years 20011 through 2013

This project's total new construction cost is consistent with the hospital new construction costs in the HSDA table above. The project's estimated construction cost is approximately $350 PSF overall, which is only slightly exceeds the $324 PSF Statewide average for new construction projects approved in 2011-2013. Construction costs have begun to increase recently and the projected CY2016 cost of this project is reasonable.

Table Four-B: This Project's Construction Costs			
	Shell Construction by Lessor	**Build-out by Applicant/Lessee**	**Total Project**
Square Feet	10,813 SF	10,813 SF	10,813 SF
Construction Cost	$2,050,000	$1,730,080	$3,780,080
Constr. Cost PSF	$190 ($189.59)	$160	$350 ($349.59)

C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES--DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY ...

See the following pages. The applicant has provided four charts, with a notes page itemizing other expenses for the four charts. The charts are:

1. Historical Data Chart for TriStar Southern Hills Medical Center.
2. Historical Data Chart for TriStar Southern Hills Emergency Department.
3. Projected Data Chart for the Project (Satellite I-65 Emergency Department).

a. The net operating revenue decreases in Year Two, even though the visits increase. This is because expenses are increased. The largest increase will be for the CT, which is under warranty in the first year, but requires a maintenance contract expense beginning in the second year.

b. Although the satellite itself will operate at a loss, it is in fact part of a consolidated Emergency Department that will operate with a positive margin.

4. Projected Data Chart for the Consolidated Emergency Department in CY2017-CY2018 (Main Campus and Satellite Emergency Departments combined).

HISTORICAL DATA CHART -- Southern Hills Medical Center

Give information for the last three (3) years for which complete data are available for the facility or agency.
The fiscal year begins in January.

		Year 2012	Year 2013	Annualized Year 2014
	Admissions	4,077	4,209	4,563
A. Utilization Data	Patient Days	17,845	20,068	21,587
B. Revenue from Services to Patients				
1. Inpatient Services		$ 164,395,115	199,471,818	224,085,860
2. Outpatient Services		240,521,224	284,722,577	317,446,199
3. Emergency Services				
4. Other Operating Revenue		311,433	285,798	299,382
(Specify) See notes page				
	Gross Operating Revenue	$ 405,227,772	$ 484,480,193	$ 541,831,441
C. Deductions for Operating Revenue				
1. Contractual Adjustments		$ 302,842,609	373,870,939	418,863,694
2. Provision for Charity Care		3,225,014	3,784,825	3,586,238
3. Provisions for Bad Debt		11,549,103	13,356,697	19,688,682
	Total Deductions	$ 317,616,726	$ 391,012,461	$ 442,138,614
NET OPERATING REVENUE		$ 87,611,046	$ 93,467,732	$ 99,692,827
D. Operating Expenses				
1. Salaries and Wages		$ 35,905,010	38,101,192	40,782,162
2. Physicians Salaries and Wages		0	0	0
3. Supplies		13,961,059	16,592,366	16,900,203
4. Taxes		767,979	747,581	756,563
5. Depreciation		3,927,013	3,977,383	4,407,960
6. Rent		1,349,649	1,580,044	1,785,743
7. Interest, other than Capital		2,255,778	2,194,309	2,221,187
8. Management Fees				
a. Fees to Affiliates		4,974,415	6,087,811	7,674,446
b. Fees to Non-Affiliates		0	0	0
9. Other Expenses (Specify)	See notes page	19,769,761	19,460,726	20,780,410
	Total Operating Expenses	$ 82,910,664	88,741,412	95,308,674
E. Other Revenue (Expenses) -- Net (Specify)		$	$	$
NET OPERATING INCOME (LOSS)		$ 4,700,382	$ 4,726,320	$ 4,384,153
F. Capital Expenditures				
1. Retirement of Principal		$	$	$
2. Interest				
	Total Capital Expenditures	$ 0	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 4,700,382	$ 4,726,320	$ 4,384,153

HISTORICAL DATA CHART -- Southern Hills Medical Center Emergency Department

Give information for the last three (3) years for which complete data are available for the facility or agency.
The fiscal year begins in January.

		Year 2012	Year 2013	Annualized Year 2014
	Patients Treated	40,632	41,495	43,396
A.	Utilization Data			
B.	Revenue from Services to Patients			
1.	Inpatient Services	$		
2.	Outpatient Services			
3.	Emergency Services	116,428,182	134,704,279	149,632,952
4.	Other Operating Revenue			
	(Specify) See notes page			
	Gross Operating Revenue	$ 116,428,182	$ 134,704,279	$ 149,632,952
C.	Deductions for Operating Revenue			
1.	Contractual Adjustments	$ 94,703,543	111,146,256	123,002,394
2.	Provision for Charity Care	926,596	1,052,328	990,381
3.	Provisions for Bad Debt	3,318,235	3,713,680	5,437,255
	Total Deductions	$ 98,948,374	$ 115,912,264	$ 129,430,029
NET OPERATING REVENUE		$ 17,479,808	$ 18,792,015	$ 20,202,923
D.	Operating Expenses			
1.	Salaries and Wages	$ 8,338,129	8,876,129	8,527,373
2.	Physicians Salaries and Wages	0	0	0
3.	Supplies	1,738,992	2,160,083	2,237,008
4.	Taxes	220,652	207,857	208,934
5.	Depreciation	59,453	55,230	54,906
6.	Rent	243,871	303,849	286,321
7.	Interest, other than Capital	648,120	610,103	613,406
8.	Management Fees			
	a. Fees to Affiliates	1,345,945	1,446,985	1,555,625
	b. Fees to Non-Affiliates			
9.	Other Expenses (Specify) See notes page	4,824,486	4,733,773	4,775,009
	Total Operating Expenses	$ 17,419,648	18,394,009	18,258,582
E.	Other Revenue (Expenses) -- Net (Specify)	$	$	$
NET OPERATING INCOME (LOSS)		$ 60,159	$ 398,007	$ 1,944,341
F.	Capital Expenditures			
1.	Retirement of Principal	$	$	$
2.	Interest			
	Total Capital Expenditures	$ 0	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 60,159	$ 398,007	$ 1,944,341

PROJECTED DATA CHART-- Southern Hills Medical Center Satellite Emergency Department

Give information for the two (2) years following the completion of this proposal.
The fiscal year begins in January.

		CY 2017	CY2018
	Patients Treated	7,997	8,397
A.	Utilization Data		
B.	Revenue from Services to Patients		
1.	Inpatient Services	$	$
2.	Outpatient Services		
3.	Emergency Services	29,464,000	33,416,000
4.	Other Operating Revenue (Specify) See notes page		
	Gross Operating Revenue	$ 29,464,000	$ 33,416,000
C.	Deductions for Operating Revenue		
1.	Contractual Adjustments	$ 18,233,000	20,948,000
2.	Provision for Charity Care	1,555,840	1,766,160
3.	Provisions for Bad Debt	5,516,160	6,261,840
	Total Deductions	$ 25,305,000	$ 28,976,000
NET OPERATING REVENUE		$ 4,159,000	$ 4,440,000
D.	Operating Expenses		
1.	Salaries and Wages	$ 1,939,000	$ 2,047,000
2.	Physicians Salaries and Wages	0	0
3.	Supplies	464,000	501,000
4.	Taxes	179,000	179,000
5.	Depreciation	271,000	271,000
6.	Rent	74,000	79,000
7.	Interest, other than Capital	232,904	248,640
8.	Management Fees		
	a. Fees to Affiliates	320,243	341,880
	b. Fees to Non-Affiliates		
9.	Other Expenses (Specify) See notes page	692,000	827,000
	Dues, Utilities, Insurance, and Prop Taxes.		
	Total Operating Expenses	$ 4,172,147	$ 4,494,520
E.	Other Revenue (Expenses) -- Net (Specify)	$	$
NET OPERATING INCOME (LOSS)		$ (13,147)	$ (54,520)
F.	Capital Expenditures		
1.	Retirement of Principal	$	$
2.	Interest		
	Total Capital Expenditures	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ (13,147)	$ (54,520)

PROJECTED DATA CHART-- Southern Hills Medical Center Emergency Department (Consolidated)

Give information for the two (2) years following the completion of this proposal.
The fiscal year begins in January.

		CY 2017	CY 2018
	Patients Treated	50,114	51,778
A.	Utilization Data		
B.	Revenue from Services to Patients		
1.	Inpatient Services	$	$
2.	Outpatient Services		
3.	Emergency Services	212,402,974	221,845,271
4.	Other Operating Revenue (Specify) See notes page	0	
	Gross Operating Revenue	$ 212,402,974	$ 221,845,271
C.	Deductions for Operating Revenue		
1.	Contractual Adjustments	$ 171,725,416	$ 178,436,119
2.	Provision for Charity Care	2,791,718	3,034,210
3.	Provisions for Bad Debt	12,301,210	13,223,518
	Total Deductions	$ 186,818,344	$ 194,693,847
NET OPERATING REVENUE		$ 25,584,630	$ 27,151,424
D.	Operating Expenses		
1.	Salaries and Wages	$ 10,982,461	$ 11,361,765
2.	Physicians Salaries and Wages	0	0
3.	Supplies	2,790,552	2,897,349
4.	Taxes	396,297	402,816
5.	Depreciation	328,104	329,817
6.	Rent	371,782	385,715
7.	Interest, other than Capital	870,864	905,739
8.	Management Fees		
	a. Fees to Affiliates	1,970,017	2,090,660
	b. Fees to Non-Affiliates	0	0
9.	Other Expenses (Specify) See notes page	5,658,146	5,942,130
	Dues, Utilities, Insurance, and Prop Taxes.		
	Total Operating Expenses	$ 23,368,222	$ 24,315,991
E.	Other Revenue (Expenses) -- Net (Specify)	$	$
NET OPERATING INCOME (LOSS)		$ 2,216,408	$ 2,835,434
F.	Capital Expenditures		
1.	Retirement of Principal	$	$
2.	Interest		
	Total Capital Expenditures	$ 0	$ 0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 2,216,408	$ 2,835,434

Notes Itemizing Expenses on Line D.9 of Historic and Projected Data Charts

TriStar Southern Hills Medical Center

	2012	2013	2014
PROFESSIONAL FEES	1,519,507	1,462,338	1,807,007
CONTRACT SERVICES	11,515,577	11,369,725	12,116,458
REPAIRS AND MAINTENANCE	3,033,988	3,089,622	3,104,264
UTILITIES	1,524,774	1,498,734	1,644,999
INSURANCE	438,304	624,486	565,008
OTHER OPERATING EXPENSES	1,737,611	1,415,821	1,542,674
TOTAL OPERATING EXPENSES	19,769,761	19,460,726	20,780,410

TriStar Southern Hills Medical Center--Main Campus Emergency Department

	2012	2013	2014	2015	2016	2017	2018
PROFESSIONAL FEES	244,517	235,161	224,760			233,757	240,770
CONTRACT SERVICES	2,854,420	2,714,906	2,808,874			2,921,309	3,008,948
REPAIRS AND MAINTENANCE	497,596	562,815	484,198			503,580	518,687
UTILITIES	1,216	1,321	1,906			1,982	2,042
INSURANCE	171,700	241,419	268,156			278,890	287,257
OTHER OPERATING EXPENSES	1,055,037	978,151	987,115			1,026,628	1,057,427
TOTAL OPERATING EXPENSES	4,824,486	4,733,773	4,775,009			4,966,146	5,115,131

TriStar Southern Hills Medical Center--Satellite I-65 Emergency Department

	2012	2013	2014	2015	2016	2017	2018
PROFESSIONAL FEES						10,000	10,000
CONTRACT SERVICES						505,000	539,000
REPAIRS AND MAINTENANCE						20,000	107,000
UTILITIES						69,000	77,000
INSURANCE						24,000	25,000
OTHER OPERATING EXPENSES						64,000	69,000
TOTAL OPERATING EXPENSES						692,000	827,000

TriStar Southern Hills Medical Center--Consolidated Emergency Department (Main + Satellite)

	2012	2013	2014	2015	2016	2017	2018
PROFESSIONAL FEES						243,757	250,770
CONTRACT SERVICES						3,426,309	3,547,948
REPAIRS AND MAINTENANCE						523,580	625,687
UTILITIES						70,982	79,042
INSURANCE						302,890	312,257
OTHER OPERATING EXPENSES						1,090,628	1,126,427
TOTAL OPERATING EXPENSES						5,658,146	5,942,131

C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.

Table Sixteen-A: TriStar Southern Hills Emergency Department Average Charge Data for Satellite Facility		
	CY2017	**CY2018**
Visits	7,997	8,397
Average Gross Charge Per Visit	$3,684	$3,980
Average Deduction from Operating Revenue	$3,164	$3,451
Average Net Charge (Net Operating Revenue)	$520	$529
Average Net Charge (Net Operating Revenue) Per Visit, After Expenses	-$2	-$6

Table Sixteen-B: TriStar Southern Hills Emergency Department Average Charge Data for Consolidated Facility		
	CY2017	**CY2018**
Visits	50,114	51,778
Average Gross Charge Per Visit	$4,238	$4,285
Average Deduction from Operating Revenue	$3,728	$3,760
Average Net Charge (Net Operating Revenue)	$511	$524
Average Net Charge (Net Operating Revenue) Per Visit, After Expenses	$44	$55

Note: The satellite's average gross charge is lower than the main campus ED's and the consolidated ED's because the satellite will have a lower mix of higher acuity cases. This is because of differences in the main ED's more extensive zip code referral area. Level Five cases at the satellite will be 5% of Year One visits, compared to 12% at the main campus. See Table Nine-Acuity above (p. 52).

C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.

Table Eighteen in the response to question C(II) 6.B below provides the hospital's current average gross charges by level of care (5 = highest acuity and most resource-intensive patients). It provides current Medicare reimbursement by level of care. It projects the Years One and Two charges by level of care, for the proposed I-65 satellite ED. Although the satellite Emergency Department is projected to operate with a negative or very small margin, the consolidated projection for the main campus and satellite EDs is that together they will maintain a positive operating margin and will have no adverse impact on the hospital's other charges.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

The projected average gross charge for this project in CY2017 is $3,684 in the Projected Data Chart. Table Seventeen below compares Tennessee Hospital Association data for service area hospitals' current average ED gross charges per "case". "Per Case" is a different statistic; but THA has the only available charge data with which to compare this project's proposed charges to actual current charges of other hospitals.

THA asks its users not to publicly identify individual providers' names. Four of the six hospitals above TriStar Southern Hills (A-F) are tertiary referral centers; two are community hospitals. This data indicates the appropriateness of average ED charge structures at TriStar Southern Hills compared to charges of other hospitals in the service area.

Table Eighteen on the following page shows this project's levels of care, with their current average and projected gross charges, and current Medicare reimbursement.

Table Seventeen: TriStar Southern Hills Medical Center Emergency Department Proposed Satellite ED Gross Charge Per Case in CY2017 Compared to Other Area Providers in CY2014

Hospital Emergency Departments in Davidson and Williamson Counties	THA Average Gross Charge Per Case
A in CY2014	$13,302
B in CY2014	$12,847
C in CY2014	$12,075
D in CY2014	$11,326
E in CY2014	$9,680
F in CY2014	$7,796
G TriStar Southern Hills Medical Center ED in CY2017	**$6,185**
H in CY2014	$5,223
I in CY2014	$4,720
J in CY2014	$3,239
Unweighted Average of Ten Providers	*$9,467*

Source: THA Databasek Q1-Q2 2014.

Table Eighteen: TriStar Southern Hills Medical Center Emergency Department Current and Projected Gross Charge By Level of Care and Current Medicare Reimbursement

HCA Level of Service	CPT Code	2014 Medicare Reimbursement	YTD 2014 Current Charge	Year One 2017 Projected Charge	Year Two 2018 Projected Charge
Level One	99281	$51	$486	$612	$661
Level Two	99282	$93	$568	$716	$773
Level Three	99283	$154	$863	$1,087	$1,174
Level Four	99284	$271	$1,478	$1,862	$2,011
Level Five	99285	$421	$1,921	$2,420	$2,613

Note: HCA ED service levels are highest acuity at Level Fiv

C(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.

The proposed satellite ED will have the same charge structure as the main ED. It will have a positive cash flow its first two years and thereafter. The two departments consolidated will operate with a positive financial margin and will have a positive cash flow.

C(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.

The proposed satellite ED will not have a positive operating margin on the HSDA Projected Data Chart; but it will have a small positive cash flow. More important, it is part of a larger Emergency Department, whose consolidated financial performance is shown in a second Projected Data Chart that documents financial viability in both Years One and Two.

C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

This project, like all emergency rooms in Tennessee, are subject to Federal laws that require the provision of clinically appropriate emergency medical care to every patient presenting. So there will be complete accessibility for all of the above groups. Table Nineteen below provides anticipated gross revenue data for the project.

Table Nineteen: TriStar Southern Hills Satellite Emergency Department Service to Special Needs Groups

Category	Amount of Gross Revenues, Yr. 1	Percentage of Gross Revenues, Yr. 2
Medicare Payor Mix	$5,598,160	19%
Medicaid/TennCare Payor Mix	$9,133,840	31%
Charity Care/Uninsured Payor Mix	$7,071,360	24%

C(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY--10.

These are provided as Attachment C, Economic Feasibility--10.

C(II)11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:

A. A DISCUSSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.
B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS. IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM EXTENT PRACTICABLE.

There is no alternative to constructing a satellite facility. The hospital ED cannot expand outward because of site limitations. The hospital occupies an excavated hilltop, and is closely surrounded either by drop-offs or stone outcroppings. Level land outside the ED is occupied by circulation drives and by very limited parking. Within the facility, the ED is bounded by Imaging and Surgery, preventing an inward expansion. It is appropriate and reasonable to put the satellite south and west of the campus, close to I-65 and on a major east-west roadway, where it can provide more accessible service to that part of the hospital service area. The land is already owned by the applicant's parent company, which reduces the direct cost of the project for the applicant.

The applicant is proposing eight treatment beds rather than some other number, because 8 to 12 are needed in the near future to meet the projected community demand for this hospital's emergency care.

C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC.) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.

TriStar Southern Hills Medical Center is in the TriStar Health group of HCA hospitals and surgery centers in Tennessee and Kentucky.

The hospital frequently discharges inpatients to the following nursing homes, hospices, and home health agencies.

Skilled Nursing Facilities: Bethany Health Care Center; Trevecca Health Care Center; Good Samaritan Health and Rehabilitation; LifeCare of Hickory Woods; Signature Healthcare, and Green Hills Health and Rehabilitation.

Hospices: Alive Hospice; Willowbrook Hospice; Guardian Hospice; and Avalon Hospice.

Home Health Agencies: Home Health of Middle Tennessee; Suncrest; Willowbrook; Intrepid; and Amedysis Home Health Agencies.

C(III).2. DESCRIBE THE POSITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATION OR COMPETITION ARISING FROM YOUR PROPOSAL, INCLUDING A DESCRIPTION OF THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

Table Fifteen in Section C(I)5 above documented that from 2011 through 2013 (the last year for which data is available), the two-county primary service area's total ED utilization increased each year by an average of 20,002 visits. That is twice the number of visits that this satellite project will attract in Year Five of its operation. So it appears that the satellite's impact on other hospital ED's will be minimal. Its small impact on area utilization as a whole would be offset by overall market growth in less than six months.

Moreover, the impact of the facility will be largely confined to local HCA TriStar hospitals.

Of the facility's first year utilization, 5,434 visits (68%) will be from TriStar's own hospitals (primarily from TriStar's own main campus ED).

Only 1,440 of the satellite's Year One visits will be shifted from non-HCA area hospitals (St. Thomas West and Midtown, Vanderbilt, Metro General, Williamson Medical Center). That total shift would equal only 6.3% of those hospitals' total visits from the project's primary service area, and only 1/2 of 1% of those hospitals' total ED visits from all locations. See Table Twenty on the following page.

Table Twenty: TriStar Southern Hills Emergency Department at I-65
Impact on Other Primary Service Area Hospitals

	Visits Reduced By I-65 Satellite	CY2013 Visits Received By Hospital From PSA Zip Codes	CY2013 Total Reported Visits to Hospital (Treated)	Project's Reduction of Hospital's ED Visits From PSA	Project's Reduction of Hospital's Total ED Visits
Vanderbilt Medical Center	527	10,530	119,225	5.0%	0.4%
Williamson Medical Center	429	3,888	36,176	11.0%	1.2%
Metro General Hospital	116	2,180	36,536	5.3%	0.3%
Saint Thomas West	191	3,217	33,006	5.9%	0.6%
Saint Thomas Midtown (Baptist)	177	3,048	51,643	5.8%	0.3%
Total Impact	*1,440*	*22,863*	*276,586*	*6.3%*	*0.5%*

C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.

Table Twenty-One below indicates the following Upper Central Tennessee region's annual salary information for clinical employees of this project, as surveyed by the Department of Labor and Workforce Development

Table Twenty-One: TDOL Surveyed Average Salaries for the Region				
Position	Entry Level	Mean	Median	Experienced
RN	$45,582	$59,109	$58,992	$65,872
Radiology Tech	$38,745	$51,824	$51,585	$58,364
Lab Tech	$24,909	$34,878	$33,356	$39,863
Respiratory Tech	$33,657	$41,178	$40,188	$44,938

Please see the following page for Table Twenty-Two, projected FTE's and salary ranges.

Table Twenty-Two: TriStar Southern Hills Medical Center
Main Campus and Satellite Emergency Departments
Projected Staffing Requirements

Position Type	Current FTE's	Year One FTE's (CY2017)			Year Two FTE's (CY2018)			Annual Salary Range (Min-Max))
		Hospital	Satellite	Total	Hospital	Satellite	Total	
Director	1.0	1.0		1.0	1.0		1.0	$95,805-$117,811
RN Coordinator	2.0	2.0		2.0	2.0		2.0	$57,346-$86,029
RN	37.0	34.8	9.2	44.0	34.8	9.2	44.0	$40,760-$67,580
Nurse Tech/Secretary	3.6	3.6		3.6	3.6		3.6	$22,400-$31,366
X-Ray/CT Tech	9.2	9.2	4.6	13.8	9.2	4.6	13.8	$47,195-$68,453
Lab Tech	4.6	4.6	4.6	9.2	4.6	4.6	9.2	$47,195-$68,453
CRTT (respiratory tech)				0.0			0.0	$39,021-$56,555
Environmental Svc. Tech	4.6	4.6	4.6	9.2	4.6	4.6	9.2	$20,800-$35,360
Armed Security Guard	4.6	4.6	4.6	9.2	4.6	4.6	9.2	$23,629-$53093
Total FTE's	66.6	64.4	27.6	92.0	64.4	27.6	92.0	

C(III).7(a). PLEASE VERIFY, AS APPLICABLE, THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.

The applicant so verifies.

C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION

LICENSURE: Board for Licensure of Healthcare Facilities
Tennessee Department of Health

CERTIFICATION: Medicare Certification from CMS
TennCare Certification from TDH

ACCREDITATION: Joint Commission

C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.

The applicant is currently licensed in good standing by the Board for Licensing Health Care Facilities, certified for participation in Medicare and Medicaid/TennCare, and fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C(III).7(d). FOR EXISTING LICENSED PROVIDERS, DOCUMENT THAT ALL DEFICIENCIES (IF ANY) CITED IN THE LAST LICENSURE CERTIFICATION AND INSPECTION HAVE BEEN ADDRESSED THROUGH AN APPROVED PLAN OF CORRECTION. PLEASE INCLUDE A COPY OF THE MOST RECENT LICENSURE/CERTIFICATION INSPECTION WITH AN APPROVED PLAN OF CORRECTION.

They have been addressed. A copy of the most recent licensure inspection and plan of correction, and/or the most recent accreditation inspection, are provided in Attachment C, Orderly Development--7(C).

C(III)8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSE IS CURRENTLY HELD.

None.

C(III)9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.

None.

C(III)10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

PROOF OF PUBLICATION

Attached.

DEVELOPMENT SCHEDULE

1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

The Project Completion Forecast Chart is provided after this page.

2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.

Not applicable. The applicant anticipates completing the project within the period of validity.

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision Date, as published in Rule 68-11-1609(c):

March 25, 2015

Assuming the CON decision becomes the final Agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

PHASE	DAYS REQUIRED	Anticipated Date (MONTH /YEAR)
1. Architectural & engineering contract signed	10	Apr-15
2. Construction documents approved by TDH	55	Jul-15
3. Construction contract signed	85	Jun-15
4. Building permit secured	130	Aug-15
5. Site preparation completed	190	Oct-15
6. Building construction commenced	200	Oct-15
7. Construction 40% complete	320	Feb-16
8. Construction 80% complete	380	Apr-16
9. Construction 100% complete	440	Jun-16
10. * Issuance of license	470	Jul-16
11. *Initiation of service	500	Aug-16
12. Final architectural certification of payment	530	Sep-16
13. Final Project Report Form (HF0055)	590	Nov-16

*** For projects that do NOT involve construction or renovation: please complete items 10-11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

INDEX OF ATTACHMENTS

DEC 15 '14 PM 3:20

A.4	Ownership--Legal Entity and Organization Chart (if applicable)
A.6	Site Control
B.II.A.	Square Footage and Costs Per Square Footage Chart
B.III.	Plot Plan
B.IV.	Floor Plan
C, Need--1.A.3.	Letters of Intent & Qualifications; Protocols
C, Need--3	Service Area Maps
C, Economic Feasibility--1	Documentation of Construction Cost Estimate
C, Economic Feasibility--2	Documentation of Availability of Funding
C, Economic Feasibility--10	Financial Statements
C, Orderly Development--7(C)	Licensing & Accreditation Inspections
Miscellaneous Information	
Support Letters	

A.4--Ownership
Legal Entity and Organization Chart

Board for Licensing Health Care Facilities

State of Tennessee

0000000021

No. of Beds 0126

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

HCA HEALTH SERVICES OF TENNESSEE, INC. *to conduct and maintain a*

Hospital TRISTAR SOUTHERN HILLS MEDICAL CENTER

Located at 391 WALLACE ROAD, NASHVILLE

County of DAVIDSON *, Tennessee.*

This license shall expire JANUARY 01 *,* 2016 *, and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 1ST *day of* JANUARY *,* 2015 *.*

In the Distinct Category(ies) of: GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dreyzehner, MD

COMMISSIONER

Southern Hills Medical Center

Nashville, TN

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

June 13, 2013

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD.
Chair, Board of Commissioners

Organization ID #: 7890
Print/Reprint Date: 09/19/13

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

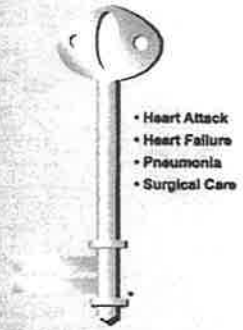
This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

THE JOINT COMMISSION

Recognizes

Southern Hills Medical Center
Nashville, TN

as a



Top Performer on Key Quality Measures®

2013

Mark R. Chassin, M.D., M.P.P., M.P.H.
President and Chief Executive Officer

Margaret VanAmringe
Executive Vice President, Public Policy
and Government Relations

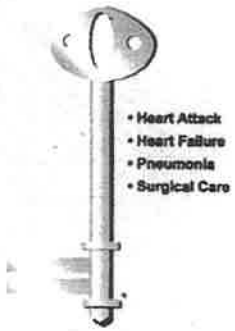
HCO#7890

THE JOINT COMMISSION

Recognizes

Southern Hills Medical Center
Nashville, TN

as a



Top Performer on Key Quality Measures®

2012

Mark R. Chassin, M.D., M.P.P., M.P.H.
President and Chief Executive Officer

Jerod M. Loeb, Ph.D.
Executive Vice President
Division of Healthcare Quality Evaluation

HCO# 7890

CERTIFICATE OF DISTINCTION

has been awarded to

Southern Hills Medical Center

Nashville, TN

for Advanced Certification as a

Primary Stroke Center

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

July 2, 2014

Certification is customarily valid for up to 24 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #7890
Print/Reprint Date: 09/01/2014

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

CERTIFICATE OF DISTINCTION

has been awarded to

Southern Hills Medical Center

Nashville, TN

in the management of

Acute Coronary Syndrome

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

June 26, 2014

Certification is customarily valid for up to 24 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #7890

Print/Reprint Date: 08/01/2014

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

CERTIFICATE OF DISTINCTION

has been awarded to

Southern Hills Medical Center

Nashville, TN

in the management of

Joint Replacement - Knee

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

October 22, 2014

Certification is customarily valid for up to 24 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #7890

Print/Reprint Date: 11/07/2014

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

CERTIFICATE OF DISTINCTION

has been awarded to

Southern Hills Medical Center

Nashville, TN

in the management of

Joint Replacement - Hip

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care.

October 22, 2014

Certification is customarily valid for up to 24 months.

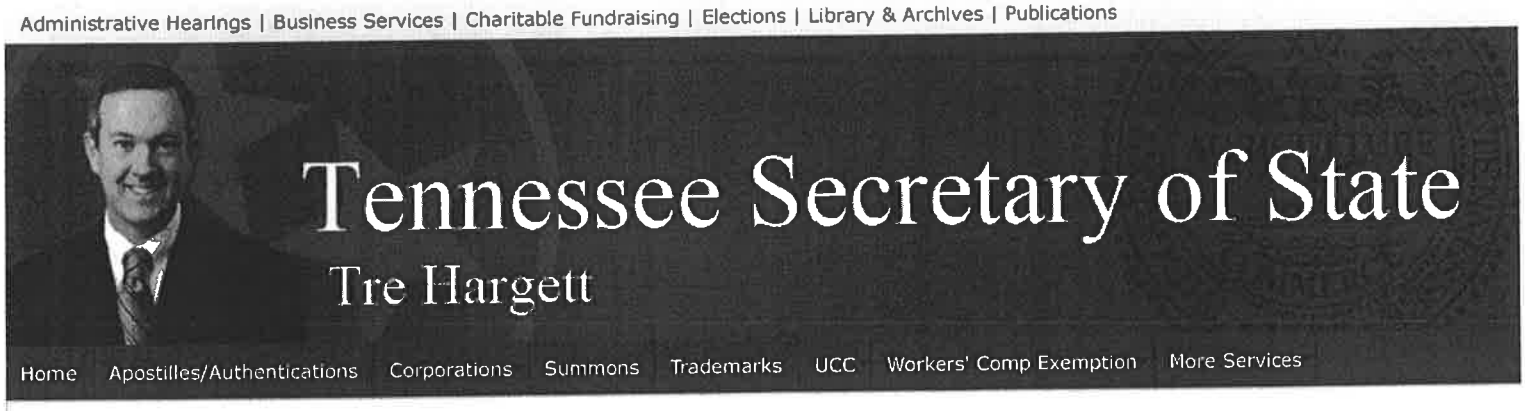
Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #7890

Print/Reprint Date: 11/07/2014

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Business Information Search

As of December 01, 2014 we have processed all corporate filings received in our office through November 30, 2014 and all annual reports received in our office through November 30, 2014.

Click on the underlined control number of the entity in the search results list to proceed to the detail page. From the detail page you can verify the entity displayed is correct (review addresses and business details) and select from the available entity actions - file an annual report, obtain a certificate of existence, file an amendment, etc.

Search: 1-1 of 1

Search Name: HCA Health Services of Tennessee, Inc. Starts With Contains

Control #:

Active Entities Only: Search

Control #	Entity Type	Name	Name Type	Name Status	Entity Filing Date	Entity Status
000105942	CORP	HCA HEALTH SERVICES OF TENNESSEE, INC. *TENNESSEE*	Entity	Active	07/29/1981	Active

1-1 of 1

Information about individual business entities can be queried, viewed and printed using this search tool for free.

If you want to get an electronic file of all business entities in the database, the full database can be downloaded for a fee by Clicking Here.

Click Here for information on the Business Services Online Search logic.

Business Services Division
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor
Nashville, TN 37243
615-741-2286

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STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **HCA HEALTH SERVICES OF TENNESSEE, INC.**

General Information

SOS Control # :	**105942**	Formation Locale:	TENNESSEE
Filing Type:	Corporation For-Profit - Domestic	Date Formed:	07/29/1981
Filing Date:	07/29/1981 4:30 PM	Fiscal Year Close	12
Status:	Active		
Duration Term:	Perpetual		

Registered Agent Address
C T CORPORATION SYSTEM
STE 2021
800 S GAY ST
KNOXVILLE, TN 37929-9710

Principal Address
1 PARK PLZ
NASHVILLE, TN 37203-6527

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
03/24/2014	2013 Annual Report	7308-1378
12/10/2013	Assumed Name Renewal	7261-2622
	Assumed Name Changed From: SOUTHERN HILLS MEDICAL CENTER To: SOUTHERN HILLS MEDICAL CENTER	
	Expiration Date Changed From: 01/15/2014 To: 12/10/2018	
03/28/2013	2012 Annual Report	7178-1045
11/08/2012	Assumed Name Renewal	7113-2088
	Assumed Name Changed From: SUMMIT MEDICAL CENTER To: SUMMIT MEDICAL CENTER	
	Expiration Date Changed From: 12/01/2012 To: 11/08/2017	
05/18/2012	Assumed Name	7056-2233
	New Assumed Name Changed From: No Value To: TriStar Ashland City Medical Center	
05/18/2012	Assumed Name	7056-2234
	New Assumed Name Changed From: No Value To: TriStar Parthenon Pavilion	
05/18/2012	Assumed Name	7056-2236
	New Assumed Name Changed From: No Value To: TriStar Centennial Medical Center	
05/18/2012	Assumed Name	7056-2237
	New Assumed Name Changed From: No Value To: TriStar Centennial Women's & Children's Hospital	

Filing Information

Name: **HCA HEALTH SERVICES OF TENNESSEE, INC.**

09/25/1989	Assumed Name	1462-0284
09/25/1989	Assumed Name	1462-0285
05/09/1984	Merger	473 02887
	Merged Control # Changed From: 000050601	
	Merged Control # Changed From: 000105942	
12/12/1983	Merger	452 01596
	Merged Control # Changed From: 000009236	
	Merged Control # Changed From: 000105942	
08/16/1983	Merger	433 01929
	Merged Control # Changed From: 000032057	
	Merged Control # Changed From: 000105942	
08/26/1981	Merger	232 00806
	Merged Control # Changed From: 000096353	
	Merged Control # Changed From: 000105942	
07/29/1981	Initial Filing	224 00808

Active Assumed Names (if any)	Date	Expires
TriStar Summit Medical Center	05/18/2012	05/18/2017
TriStar StoneCrest Medical Center	05/18/2012	05/18/2017
TriStar Southern Hills Medical Center	05/18/2012	05/18/2017
TriStar Centennial Women's & Children's Hospital	05/18/2012	05/18/2017
TriStar Centennial Medical Center	05/18/2012	05/18/2017
TriStar Parthenon Pavilion	05/18/2012	05/18/2017
TriStar Ashland City Medical Center	05/18/2012	05/18/2017
WOMEN'S HOSPITAL AT CENTENNIAL MEDICAL CENTER	11/08/2005	10/21/2015
SUMMIT MEDICAL CENTER	12/01/2007	11/08/2017
STONECREST MEDICAL CENTER	02/28/2007	02/13/2017
SOUTHERN HILLS MEDICAL CENTER	01/15/2009	12/10/2018
CENTENNIAL MEDICAL CENTER AT ASHLAND CITY	07/27/2005	06/07/2015
CENTENNIAL MEDICAL CENTER	01/06/2007	12/22/2016

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CHARTER

OF

HCA HEALTH SERVICES OF TENNESSEE, INC.

The undersigned natural persons, having capacity to contract and acting as the incorporators of a corporation under the Tennessee General Corporation Act, adopt the following Charter for such corporation.

1. The name of the corporation is HCA HEALTH SERVICES OF TENNESSEE, INC.

2. The duration of the corporation is perpetual.

3. The address of the principal office of the corporation in the State of Tennessee shall be One Park Plaza, Nashville, County of Davidson.

4. The corporation is for profit.

5. The purposes for which the corporation is organized are:

(a) To purchase, lease or otherwise acquire, to operate, and to sell, lease or otherwise dispose of hospitals, convalescent homes, nursing homes and other institutions for the medical care and treatment of patients; to purchase, manufacture, or prepare and to sell or otherwise deal in, as principal or as agent, medical equipment or supplies; to construct, or lease, and to operate restaurants, drug stores, gift shops, office buildings, and other facilities in connection with hospitals or other medical facilities owned or operated by it; to engage in any other act or acts which a corporation may perform for a lawful purpose or purposes.

(b) To consult with owners of hospitals and all other types of health care or medically-oriented facilities or managers thereof regarding any matters related to the construction, design, ownership, staffing or operation of such facilities.

(c) To provide consultation, advisory and management services to any business, whether corporation, trust, association, partnership, joint venture or proprietorship

6. The maximum number of shares which the corporation shall have the authority to issue is One Thousand (1,000) shares of Common Stock, par value of $1.00 per share.

7. The corporation will not commence business until the consideration of One Thousand Dollars ($1,000) has been received for the issuance of shares.

8. (a) The shareholders of this corporation shall have none of the preemptive rights set forth in the Tennessee General Corporation Act.

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(b) The initial bylaws of this corporation shall be adopted by the incorporators hereof, and thereafter, the bylaws of this corporation may be amended, repealed or adopted by a majority of the outstanding shares of capital stock.

(c) This corporation shall have the right and power to purchase and hold shares of its capital stock; provided, however, that such purchase, whether direct or indirect, shall be made only to the extent of unreserved and unrestricted capital surplus.

DATED: July 22, 1981.

Charles L. Kown

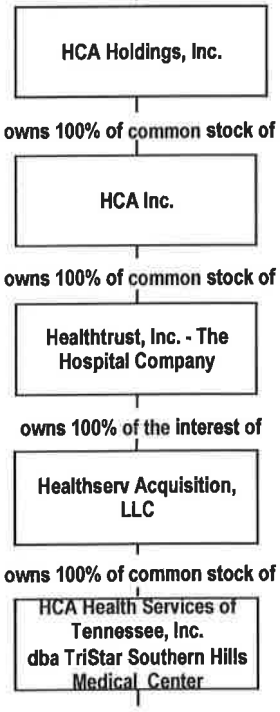
Charles L. Kown

Bettye D. Daugherty

Bettye D. Daugherty

Ruth B. Foster

Ruth B. Foster


HCA Holdings, Inc.
owns 100% of common stock of
HCA Inc.
owns 100% of common stock of
Healthtrust, Inc. - The Hospital Company
owns 100% of the interest of
Healthserv Acquisition, LLC
owns 100% of common stock of
HCA Health Services of Tennessee, Inc.
dba TriStar Southern Hills Medical Center

A.6--Site Control

This instrument prepared by:
O'Hare, Sherrard & Roe
Fourth Floor, St. Cloud Corner
Nashville, Tennessee 37219

BOOK 6554 PAGE 576

QUITCLAIM DEED

Address New Owner(s):	Send Tax Bills To:	Map/Parcel Nos.
HCA Health Services of Tennessee, Inc. P. O. Box 550 Nashville, TN 37202	Same	147-7 Parcel 112

FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00) cash in hand paid and other good and valuable consideration, the amount and sufficiency of which is hereby acknowledged, HCA Properties, Inc. (hereinafter referred to as the "Grantor") has bargained and sold, and does hereby quitclaim, transfer and convey unto HCA Health Services of Tennessee, Inc. (hereinafter, whether one or more, jointly and severally referred to as the "Grantee"), and to the said Grantee's successors and assigns certain real estate in the County of Davidson, State of Tennessee, and more particularly described as follows:

Beginning at an iron pin in the southerly margin of Wallace Road and the easterly margin of the frontage road, thence with said margin of Wallace Road North 53° 48' 28" East 45.38 feet to an iron pin; thence, with a curve to the right (having a central angle of 3° 44' 00" and a radius of 1402.40 feet) 91.37 feet to an iron pin; thence, South 87° 33' 07" East 522.24 feet to an iron pin; thence, South 0° 34' 00" East 707.76 feet to an iron pin; thence, South 89° 23' 53" West 577.00 feet to a tack in lead wool; thence, North 17° 11' 32" West 576.66 feet to an iron pin; thence, with a curve to the right (having a central angle of 71° 00' 00" and a radius of 35.00 feet) 43.37 feet to an iron pin; thence, North 53° 48' 28" East 66.50 feet to an iron pin; thence, South 39° 06' 26" East 150.12 feet to an iron pin; thence, South 84° 53' 05" East 7.60 feet to an iron pin; thence, South 17° 18' 09" East 217.77 feet to an iron pin; thence, South 86° 04' 11" East 138.90 feet to an iron pin; thence, North 3° 55' 49" East 240.00 feet to an iron pin; thence, North 86° 04' 11" West 70.49 feet to an iron pin; thence, with a curve to the right (having a central angle of 49° 52' 38" and a radius of 282.01 feet) 245.50 feet to an iron pin; thence, North 36° 11' 33" West 5.65 feet to the point of beginning containing 423,224.907 square feet or 9.716 acres.

Being a part of the same property conveyed to Grantee in Deeds of Record Book 6096, page 2, Book 5970, page 427, and Book 5284, page 446, Register's Office for Davidson County, Tennessee.

Attachment A. 6

This is unimproved property known as 4200 Nolensville Pike, Nashville, Tennessee.

IN TESTIMONY WHEREOF, we have hereunto set our hands, this 10th day of May, 1985.

By David G. Williamson Jr.
David G. Williamson, Jr.,
Executive Vice President

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, Helen W. Cook, a Notary Public of the State and County aforesaid, personally appeared David G. Williamson, Jr., with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be Executive Vice President of the within named bargainor, a corporation, and that he, as such Executive Vice President, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Executive Vice President.

Witness my hand and seal, at office in Nashville, Tennessee, this 10th day of May, 1985.

Helen W. Cook
Notary Public

My Commission Expires:
January 18, 1987

BOOK 6554 PAGE 578

STATE OF TENNESSEE)
)
COUNTY DAVIDSON)

The actual consideration for this transfer of property is One Dollar ($1.00) and no other monetary consideration.

By: David G. Williamson, Jr.
David G. Williamson, Jr.
Executive Vice President

Sworn to and subscribed before me this 10th day of May, 1985.

Helen W. Cook
Notary Public

My Commission Expires:

January 18, 1987

J 0 3 7 8 5

IDENTIF. REFERENCE

MAY 13 10 00 AM '85

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

ADDRESS NEW OWNER(S) AS FOLLOWS	SEND TAX BILLS TO	MAP-PARCEL NUMBER
HCA PROPERTIES, INC.	Same	Map 147-7
P. O. Box 550		Parcel 112
Nashville, Tn. 37202		

WARRANTY DEED

BOOK 5970 PAGE 427

For and in consideration of the sum of $533,000.00 FIVE HUNDRED THIRTY THREE THOUSAND & NO/100 DOLLARS Cash in hand paid by HCA PROPERTIES, INC., a Tennessee Corporation, the receipt of which is hereby acknowledged,

DAVIDSON COUNTY BOARD OF EDUCATION, now METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE

have bargained and sold, and by these presents do transfer and convey unto the said HCA PROPERTIES, INC., a Tennessee Corporation

its successors the GRANTEES herein, and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows:

A tract of land in the First Civil District of Metropolitan Nashville-Davidson County, Tennessee, bounded on the north by William E. Martin, Trustee, part of a Frontage Road, access to this site, and Southern Hills Medical Center, Inc. on the east by Southern Hills Medical Center, Inc., on the south by Chester Maxwell Subdivision (not of record) and on the west by Nolensville Pike and being more particularly described as follows:

BEGINNING at a railroad spike set on the easterly right of way line of Nolensville Pike, U.S. 31-A-41-A, as widened. Said railroad spike being the southwesterly corner of William E. Martin, Trustee, property as of record in Deed Book 4777, Page 154, Register's Office for Davidson County, Tennessee, and also being S 17°12'22" E 60.45 feet from the intersection of the easterly right of way line, as widened, of Nolensville Pike and the southerly right of way line of Wallace Road, as measured along the easterly right of way line of Nolensville Pike; thence with the southerly line of William E. Martin, S 86° 10'13" E 152.13 feet to an existing concrete monument, corner of Frontage Road; thence with the southerly right of way line of Frontage Road, S 85°05' 33" E 152.50 feet to an existing concrete monument, end of Frontage Road and also a corner of Lot No. 1, Southern Hills Medical Center, Inc., as of record in Book 5710, Page 254, Register's Office for Davidson County, Tennessee; thence with the southerly line of Medical Center S 86°06' 37" E 431.10 feet to an iron pin set; thence with the westerly line of Medical Center S 00°34' 23" E 463.10 feet to an existing iron pin in the northerly line of Chester Maxwell Subdivision, not of record; thence with the northerly line of Chester Maxwell Subdivision S 89°23'10" W 576.94 feet to a tack in lead set on the easterly right of way line, as widened, of Nolensville Pike; thence with the easterly right of way line, as widened, N 17°12'22' W 546.15 feet to the point of beginning and containing 320,646 square feet of 7.36 acres, according to a survey made by Ragan, Smith, Murphy & Associates, Inc., dated October 4, 1982.

Being a part of the same property conveyed to Davidson County Board of Education, now Metropolitan Government of Nashville and Davidson County, Tennessee by deed from Robert Taylor and wife, Stella Taylor of record in Book 1725, Page 493, Register's Office for Davidson County, Tennessee.

Unimproved ( )
This is improved (XX) property, known as 4200 Nolensville Pike
(House Number) (Street)
Nashville, Tennessee
(P. O. Address) (City or Town) (Zip Code)

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever. And we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise herein set out. And we do further covenant and bind ourselves, our heirs and representatives to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns against the lawful claims of all persons, whomsoever.

Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands this _____ day of _____, 19____.

BOOK 5970 PAGE 428

STATE OF TENNESSEE
COUNTY OF _____

Personally appeared before me, _____, a Notary Public in and for said County and State, the within named _____

the bargainor _____, with whom I am personally acquainted, and who acknowledged that _____ executed the within instrument for the purposes therein contained.

Witness my hand and official seal at _____, this _____ day of _____, 19____.

My commission expires _____ Notary Public _____

STATE OF TENNESSEE
COUNTY OF _____

Before me, _____, a Notary Public of the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted, and who, upon oath, acknowledged _____ to be _____ and _____ respectively of the _____, the within named bargainor, a corporation, and that _____ as such _____ and _____, being authorized so to do, executed the foregoing instrument for the purpose therein contained by signing the name of the corporation by the said _____ as such _____ and attesting the same by the said _____ as such _____.

Witness my hand and seal, at office in _____, this _____ day of _____, 19____.

_____ Notary Public

Commission expires _____

STATE OF TENNESSEE
COUNTY OF Davidson

The actual consideration for this transfer or value of property (whichever is greater) is $533,000.00
This is equal to or greater than the property would bring at a fair and voluntary sale.

By: [signature]
HCA PROPERTIES, INC.

Sworn to and subscribed before me
this 24th day of November, 19 82.

My commission expires September 25, 1983 Notary Public [signature]

This instrument was prepared by:

Name Address

WARRANTY DEED H I 9 3 0 2

FROM

Metropolitan Government of Nashville & Davidson County, Tennessee

TO

HCA Properties, Inc.

IDENTIF. REFERENCE

NOV 29 3 46 PM '82

FELIX J. WILSON II, MASTER
DAVIDSON COUNTY, TN

G-261639-Revised

FILE Provided Title CO.

Pioneer Natmeal Title Insurance Company
Public Square Building
111 5th Avenue North
NASHVILLE, TENNESSEE 37219

OPTION TO LEASE AGREEMENT

THIS OPTION TO LEASE AGREEMENT (this "**Agreement**") made on the date on which this Agreement is executed by the last party to sign this Agreement as evidenced by the date below such party's signature (the "**Agreement Date**") by and between **SOUTHPOINT, LLC**, a Tennessee limited liability company ("Landlord"), and **HCA HEALTH SERVICES OF TENNESSEE, INC.**, a Tennessee corporation, and its successors and assigns ("Tenant").

W I T N E S S E T H :

A. Landlord is the fee owner of that certain parcel of land consisting of approximately 53 acres of land legally described on Exhibit A attached hereto and made a part hereof ("**Land**"), a portion of such Land being improved with two connected office buildings containing approximately 300,000 square feet cumulatively, with ancillary parking and other site improvements, machinery, equipment, fixtures and other property, real, personal or mixed (except Tenant's trade fixtures, equipment and personal property) installed or located on the Land, together with all additions, alterations and replacements thereof (collectively, the "**Existing Improvements**"), all located on Old Hickory Boulevard at American General Way, Brentwood, Davidson County, Tennessee 37067 (the Land and the Existing Improvements being collectively referred to herein as the "**Campus**").

B. Landlord desires to grant to and reserve unto Tenant an exclusive right in favor Tenant whereby Tenant may require Landlord to develop that portion of the Land more particularly described on Exhibit B attached hereto (the "**Future Development Parcel**") for a new free-standing building containing approximately 10,813 gross square feet to be used as a freestanding emergency department of Southern Hills Medical Center or other health care facility (the "**Future Facility**") pursuant to the terms of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and promises of the parties, Landlord and Tenant agree as follows:

ARTICLE I. OPTION RIGHTS

1.1 **Grant of Option**. For and in consideration of the sum of $1,000 (the "**Option Money**") that shall be paid to Landlord within ten (10) business days after the Agreement Date by Tenant, the adequacy and sufficiency whereof is hereby acknowledged, Landlord hereby gives and grants unto Tenant, upon the terms and conditions hereinafter set forth, the exclusive and irrevocable right and option to cause Landlord to build the Future Facility on the Future Development Parcel and to enter into a lease agreement in such form and on such terms as Tenant and Landlord agree upon as set forth in Sections 1.3 and 1.4 of this Agreement (the "**Lease**") with Tenant or its designated affiliate for such Future Facility (the "**Option**").

1.2 **Option Period**. The Option may be exercised at any time from the Agreement Date up to 11:59 p.m. Eastern Time, on the third (3rd) anniversary of the Agreement Date (the "**Option Period**").

1.3 Access and Inspections; Preliminary Design and Lease Work. (a) At all times during the Option Period, Tenant and its representatives shall have the right to enter upon the Future Development Parcel for the purposes of conducting soil tests, environmental and engineering studies and investigations, surveys, planning and other testing and exploration work necessary or appropriate to determine if the Future Development Parcel is suitable for Tenant's intended use. Tenant shall indemnify and hold Landlord harmless from and against any loss, claim or liability arising or resulting from any physical damage to the Future Development Parcel resulting from the inspections made by Tenant. In the event Tenant does not exercise the Option, Tenant shall restore the Future Development Parcel, as nearly as possible, to its condition prior to Tenant's tests and inspections if changed due to such tests and inspections.

(b) Promptly following the Agreement Date, Tenant and Landlord shall begin to negotiate in good faith and with reasonable diligence to agree upon the form and terms of the Lease, which shall include without limitation, reasonable contingencies benefitting Tenant and Landlord in connection with the design, financing and leasing of the Future Facility. The term of the Lease and the rental rate to be paid by Tenant under the Lease will be memorialized in the final executed Lease; provided, however, the parties estimate that the Lease term will be for a period of ten (10) years and the base rent rate payable during the first Lease year will seventeen dollars ($17.00) per square foot based on the gross square footage of the Future Facility, with annual increases of three percent (3%) on the first day of each subsequent Lease year. Promptly following the Agreement Date, Landlord shall also commence preliminary or schematic design work for the Future Facility promptly and the parties to this Agreement shall work together in good faith and with reasonable diligence to agree upon and complete such preliminary or schematic design work.

1.4 Exercising the Option. Tenant shall have the right at any time during the Option Period, within its sole discretion, to exercise the Option by giving written notice ("**Tenant's Option Notice**"). In the event Tenant exercises the Option, Landlord and Tenant shall work together in good faith and with reasonable diligence to complete agreement upon the final terms and form of the Lease, which shall include without limitation the contingencies described above in Section 1.3(b) regarding the design, financing and leasing of the Future Facility, and to execute the Lease no later than 180 days after Tenant's Option Notice is delivered to Landlord.

1.5 Landlord's Representations and Warranties. For the purpose of inducing Tenant to enter into this Agreement and to consummate the transactions contemplated hereby, Landlord represents and warrants to Tenant follows:

(a) There are no condemnation proceedings or proceedings for change of grade of any street affecting the Future Development Parcel or improvement of any street or sidewalk abutting the Future Development Parcel which are currently threatened or pending.

(b) As of the Agreement Date and as of the effective date of the Lease, there will be no other leases affecting all or any part of the Future Development Parcel and no written promises, understandings, agreements or commitments between Landlord, any person

concerning the sale, conveyance, lease, use or occupancy of any interest in the Future Development Parcel or any part thereof.

(c) There are no pending, nor to the knowledge of Landlord, any threatened actions, suits or proceedings against or affecting the Future Development Parcel or any portion thereof, or relating to or arising out of the ownership, operation, management, use or maintenance of the Future Development Parcel.

(d) There are no attachments, executions, assignments for the benefit of creditors, or voluntary or involuntary proceedings in bankruptcy or under any other debtor relief laws contemplated or pending or threatened against Landlord or the Future Development Parcel.

1.6 **Representations and Warranties of Tenant**. Tenant represents and warrants to Landlord that Tenant has due and proper authority to execute and deliver this Agreement and all documents to be executed and delivered in regard to the consummation of the transactions contemplated hereby.

1.7 **Business Day**. In the event that the date for taking any action under this Agreement (including, but not limited to, the giving of a notice of termination, extension or exercise of the Option) falls on a Saturday, Sunday or legal holiday, then such time period shall automatically be extended until 5:00 p.m. Eastern Time on the next regularly scheduled business day in Nashville, Tennessee.

ARTICLE II. MISCELLANEOUS

2.1 **Binding Effect**. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors and assigns.

2.2 **Entire Agreement**. This Agreement embodies the entire agreement between the parties relative to the subject matter) hereof, and there are no oral or parol agreements existing between Landlord and Tenant relative to the subject matter hereof which are not expressly set forth herein and covered hereby.

2.3 **Headings**. The headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning or interpretation hereof.

2.4 **Interpretation**. Whenever the context hereof shall so require, the singular shall include the plural, the male gender shall include the female gender and the neuter, and vice versa.

2.5 **Notice**. Any notice or other writing required or permitted to be given to a party under this Agreement shall be given in writing and shall be (i) delivered by hand or (ii) delivered through the United States mail, postage prepaid, certified, return receipt requested, or (iii) delivered through or by UPS, Federal Express, or other nationally-recognized overnight mail or package service, addressed to the parties at the addresses set forth below. Any notice or demand that may be given hereunder shall be deemed complete; (a) upon depositing any such notice or demand in the United States mail with proper postage affixed thereof, certified, return receipt

requested; (b) upon depositing any such notice or demand with UPS, Federal Express, or other nationally recognized overnight mail or package delivery, or (c) upon hand delivery to the appropriate address as herein provided. Any party hereto may change said address by notice in writing to the other parties in the manner herein provided. The appropriate address for notice hereunder shall be the following:

Landlord:	Southpoint, LLC One Park Plaza Nashville, TN 37203 Attn: Real Estate Department
Tenant:	HCA Health Services of Tennessee, Inc. One Park Plaza Nashville, TN 37203 Attn: Real Estate Department

2.6 **Governing Law.** This Agreement shall be construed under and in accordance with the laws of the State of Tennessee.

2.7 **Severability.** In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

2.8 **Attorneys' Fees.** Should either party employ an attorney or attorneys to enforce any of the provisions hereof or to protect its interest in any manner arising under this Agreement, the non-prevailing party in any action pursued in courts of competent jurisdiction (the finality of which is not legally contested) agrees to pay to the prevailing party all reasonable costs, damages and expenses, including attorneys' fees, witness fees and travel and lodging expenses, expended or incurred in connection therewith.

2.9 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be an original, but all of which together shall comprise one and the same instrument.

2.10 **Memorandum of Agreement.** Landlord and Tenant agree to execute a memorandum of this Agreement suitable for recording in the official records of Davidson County, Tennessee in form reasonably acceptable to both parties. The parties further agree that the amount of Option Money shall not be stated in any such memorandum.

[Signatures appear on following page]

EXECUTED AND DELIVERED as of the Agreement Date.

LANDLORD:

SOUTHPOINT, LLC, a Tennessee limited liability company

By: Nicholas D. Paul

Name: Nick Paul

Title: VP

Date Signed: 12/8/14

TENANT:

HCA HEALTH SERVICES OF TENNESSEE, INC., a Tennessee corporation

By: Nicholas D. Paul

Name: Nick Paul

Title: VP

Date Signed: 12/8/14

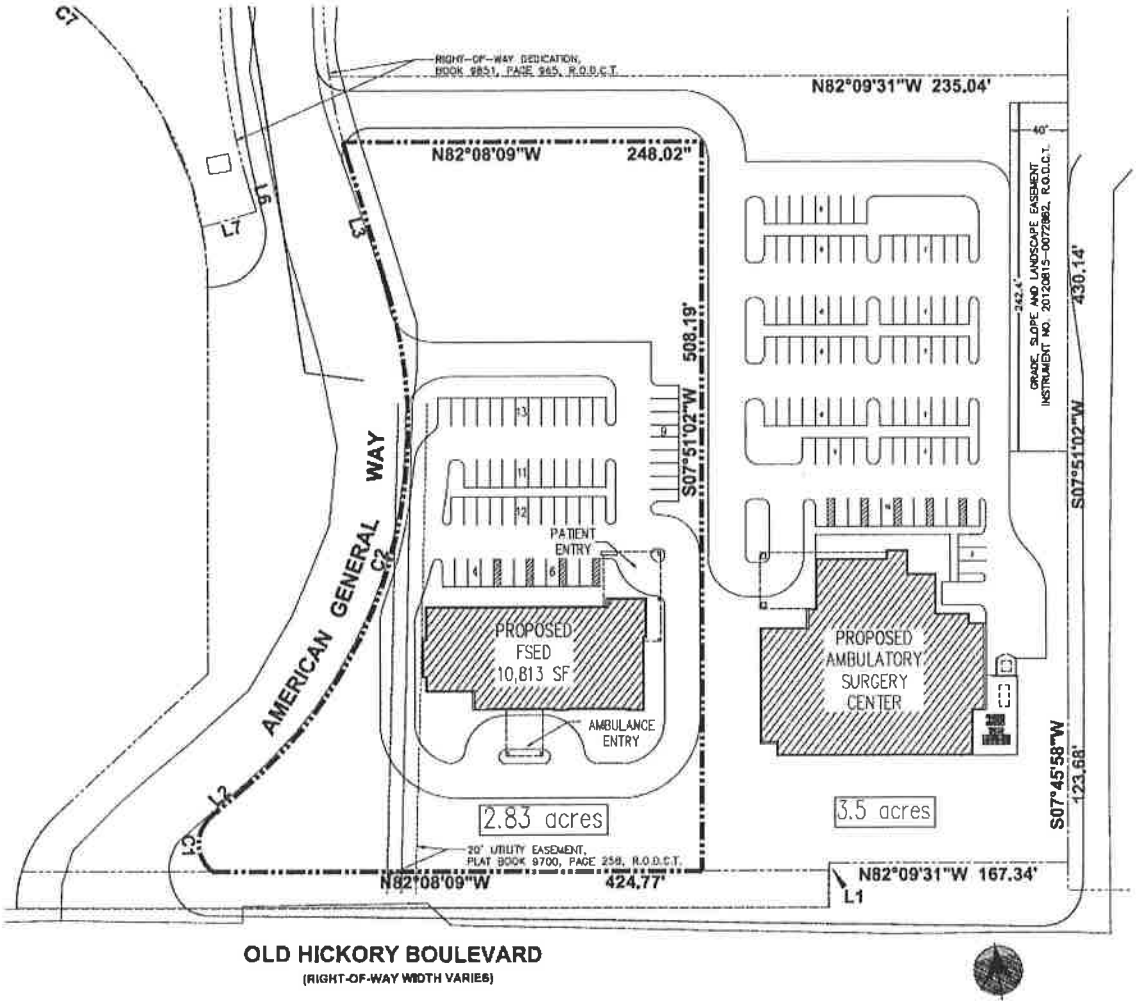
EXHIBIT A

The Land

Land in Davidson County, Tennessee, being Lot No. 3, on the Plan of Revised Brentwood Commons, as shown on plat of record in Plat Book 6900, page 328, in the Register's Office for Davidson County, Tennessee ("Register's Office").

EXHIBIT B

Diagram of the Future Development Parcel



(6)

This Instrument Prepared By:

Ned W. Graber, Esq.
2929 Allen Parkway, A37
Houston, Texas 77019

Return to:
First American Title Insurance Company
National Commercial Services
6363 Poplar Avenue, Suite 434
Memphis, TN 38119

Address New Owner as Follows:	*Send Tax Bills To*
One Park Plaza, Building II-5th Floor Nashville, Tennessee 37203	Same
Map & Parcel No.: # 160-00-0-211.00	

SPECIAL WARRANTY DEED

THIS INDENTURE is made as of the 12th day of August, 2014, by AMERICAN GENERAL LIFE INSURANCE COMPANY, a Texas insurance company as successor by merger to American General Life and Accident Insurance Company, a Tennessee insurance company ("Grantor") in favor of SOUTHPOINT, LLC, a Tennessee limited liability company ("Grantee"), whose address is One Park Plaza, Building II-5th Floor, Nashville, Tennessee 37203.

That for and in consideration of the sum of Ten and No/100 ($10.00) Dollars, and other good and valuable consideration to said Grantor in hand paid by said Grantee, the receipt and sufficiency whereof is hereby acknowledged, Grantor has bargained and sold and does hereby BARGAIN, SELL, CONVEY and CONFIRM unto Grantee, and Grantee's successors and assigns, forever, all that certain real property described in Exhibit "A" attached hereto and made a part hereof (the "Land"), together with all improvements on the Land (the "Improvements") and all rights and appurtenances of Seller pertaining to the Land , if any, including without limitation, any right, title and interest of Seller (but without warranty whether statutory, express, or implied) in and to adjacent streets, alleys or rights-of-way, and all oil, gas and minerals as well as all water rights associated with the real property and all and singular the rights, privileges, easements, tenements, hereditaments and appurtenances thereto in anywise belonging (the "Appurtenant Rights", together with the Land and the Improvements referred to herein collectively as the "Property").

TO HAVE AND TO HOLD the Property unto Grantee, its successors and assigns, forever, subject to the matters herein stated, the matters referred to in Exhibit "B", attached hereto and made a part hereof, and in the documents referred to therein and any and all matters on the ground that a true and correct survey would reveal (collectively, the "Permitted Exceptions"); and Grantor does hereby bind itself and its successors and assigns to WARRANT AND FOREVER DEFEND all and singular the Property unto Grantee, its successors and

BILL GARRETT, Davidson County
Trans:T20140059265 DEEDWARRSP
Recvd: 08/13/14 08:53 6 pgs
Fees:33.00 Taxes:240500.00
20140813-0072917

assigns, against the lawful claims of all persons whomsoever, claiming or to claim the same or any part thereof by, through or under the Grantor but not otherwise.

Grantor:

AMERICAN GENERAL LIFE INSURANCE COMPANY, a Texas insurance company as successor by merger to AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY, a Tennessee insurance company

By:_____
Name: W. Larry Mask
Title: Authorized Signatory

By:_____
Name: Jim A. Coppedge
Title: Vice President and Assistant Secretary

STATE OF TEXAS

COUNTY OF HARRIS

This instrument was acknowledged before me, the undersigned, on this 8th day of August, 2014, by W. Larry Mask, an authorized signatory of American General Life Insurance Company, a Texas insurance company, on behalf of said company.

GIVEN UNDER MY HAND AND SEAL OF OFFICE.

_____
Notary Public in and for the
State of T E X A S

CRIS THOMAS
Notary Public, State of Texas
My Commission Expires
November 09, 2017

STATE OF TEXAS

COUNTY OF HARRIS

This instrument was acknowledged before me, the undersigned, on this 8th day of August, 2014, by Jim A. Coppedge, a Vice President and Assistant Secretary of American General Life Insurance Company, a Texas insurance company, on behalf of said company.

GIVEN UNDER MY HAND AND SEAL OF OFFICE.

_____
Notary Public in and for the
State of T E X A S

CRIS THOMAS
Notary Public, State of Texas
My Commission Expires
November 09, 2017

The actual consideration or value, whichever is greater, for this transfer is **$65,000,000.00**.

Rita Post
Affiant

Subscribed and sworn to before me, this the 12th day of August 2014.

Michele M. Clark
Notary Public

My Comm. Expires: 7-16-2017

MICHELE M. CLARK
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY

EXHIBIT "A" TO DEED

Land in Davidson County, Tennessee, being Lot No. 3, on the Plan of Revised Brentwood Commons, as shown on plat of record in Plat Book 6900, page 328, in the Register's Office for Davidson County, Tennessee ("Register's Office").

Being the same property conveyed to American General Life & Accident Insurance Company by Special Warranty Deed of record in Book 9421, page 794, Register's Office.

EXHIBIT "B" TO DEED

1. Taxes and assessments for the year 2014 and subsequent years, not yet due and payable.

2. All matters as shown on plat of record in Plat Book 9700, page 258, Register's Office.

3. All matters as shown on plat of record in Plat Book 9700, page 259, Register's Office.

4. Declaration of Protective Covenants and Owner's Association for Brentwood Commons Office Park of record in Book 7619, page 198, as amended by First Amendment to Declaration of Protective Covenants and Owner's Association for Brentwood Commons Office Park of record in Book 10201, page 454, Register's Office.

5. Storm Water Detention Agreement of record in Book 6145, page 257, Register's Office.

6. Right-of-Way for Street Purposes of record in Book 9851, page 965, Register's Office.

7. Right-of-Way for Street Purposes of record in Book 9851, page 969, Register's Office.

8. Temporary Construction and Permanent Grade, Slope and Landscape Easement and Agreement of record in Instrument No. 20120815-0072882, Register's Office.

9. Agreement to Dedicate Roadway Extension and Grant of Easements of record in Instrument No. 20040527-0062750, Register's Office.

10. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 4952, page 166, Register's Office.

11. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 4952, page 170, Register's Office.

12. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 4940, page 784, Register's Office.

13. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 4969, page 189, Register's Office.

14. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 4969, page 192, Register's Office.

15. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 5746, page 886, Register's Office.

16. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 5746, page 896, Register's Office.

17. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 5746, page 899, Register's Office.

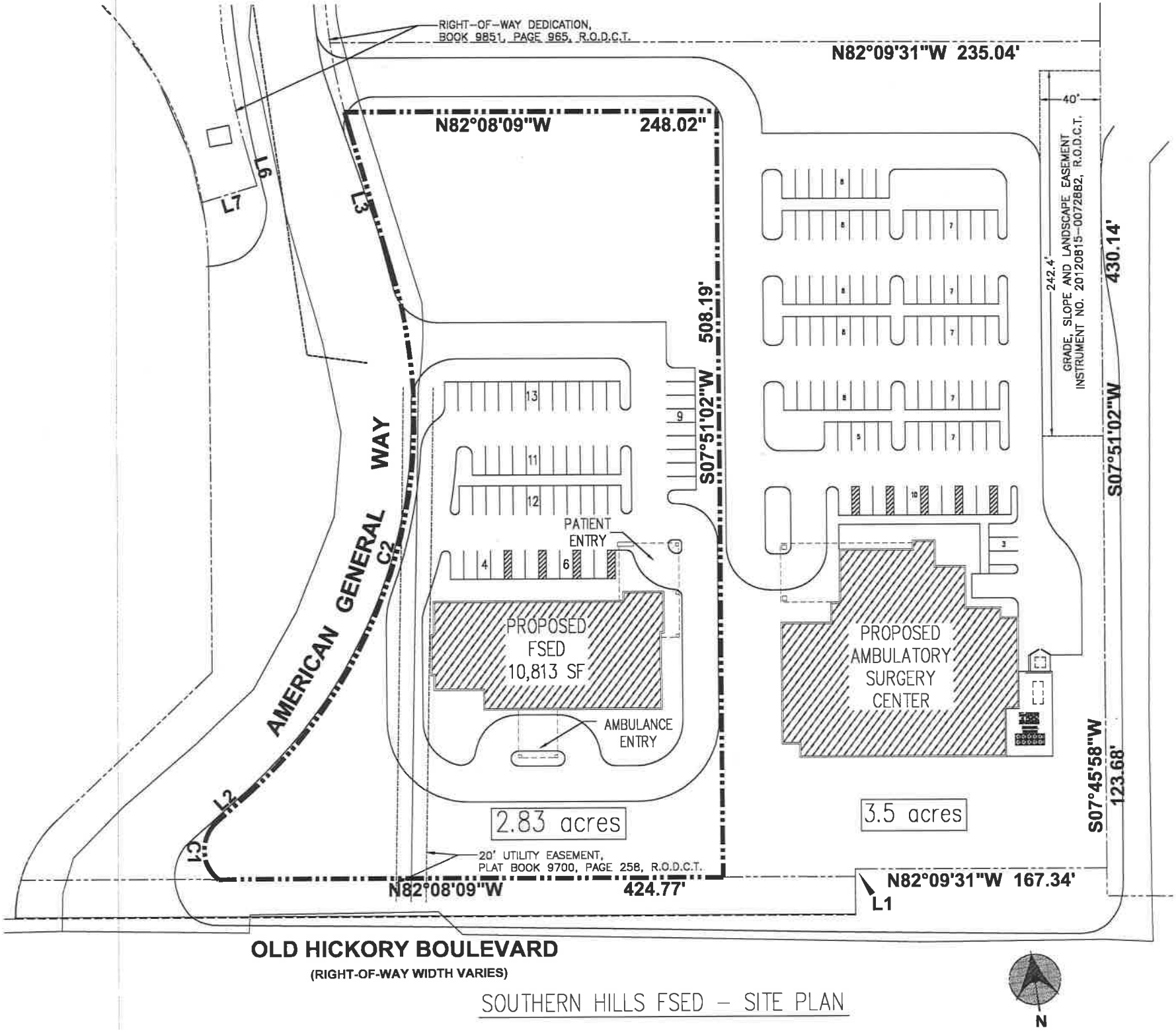
18. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 5878, page 469, Register's Office.

19. Agreement for Dedication of Easement for Sanitary Sewers and/or Drainage of record in Book 8258, page 941, Register's Office.

20. Easement as shown in the deed of record in Book 10868, page 877, Register's Office.

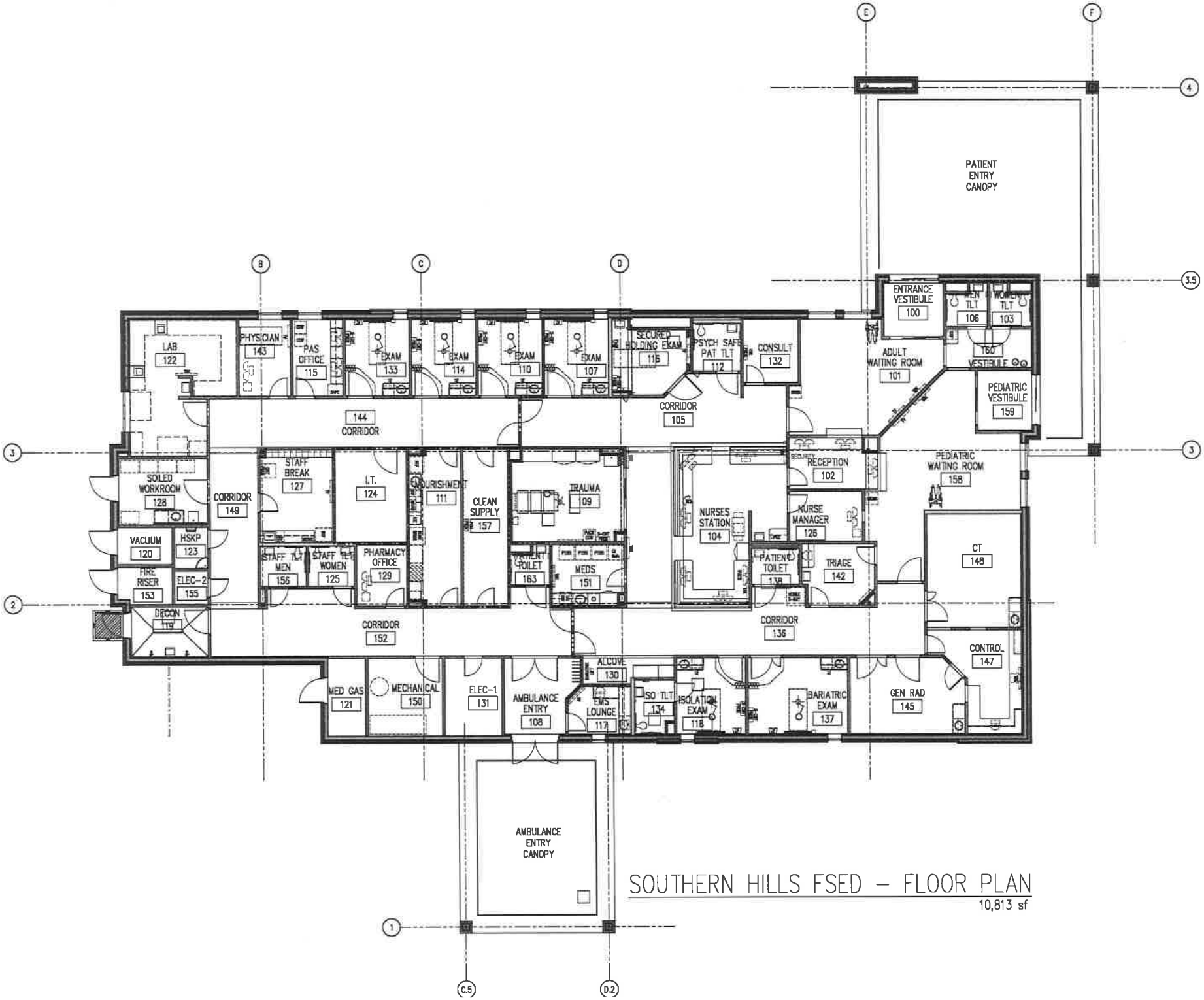
B.II.A.--Square Footage and Costs Per Square Footage Chart

B.III.--Plot Plan



SOUTHERN HILLS FSED – SITE PLAN

B.IV.--Floor Plan



SOUTHERN HILLS FSED – FLOOR PLAN

10,813 sf

SPACE PLAN
Southern Hills Freestanding Emergency Department
December 4, 2014

ROOM	SQUARE FOOTAGE
ENTRY VESTIBULES	180
WAITING ROOM	385
PEDIATRIC WAITING	520
RESTROOMS	129
CONSULTATION	97
RECEPTION	121
TRIAGE	119
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NURSE MANAGER	101
C.T. SCAN	298
CONTROL ROOM	193
GENERAL RADIOLOGY	239
BARIATRIC EXAM	211
ISOLATION EXAM W/TLT	203
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GENERAL EXAMS (4)	544
TRAUMA	279
PATIENT TOILETS (3)	152
MEDS	123
STORAGE ALCOVE	59
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CLEAN SUPPLY	196
NOURISHMENT	221
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PHARMACY OFFICE	87
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SOILED WORKROOM	160
STAFF BREAKROOM	185
STAFF TOILETS	104
HOUSEKEEPING	39
VACUUM PUMP	58
FIRE RISER	56
ELECTRIC #1	124
ELECTRIC #2	31
MECHANICAL	163
MED GAS	82
NET TOTAL	**7336**
Circulation/Wall Thickness	**3,477**
TOTAL SQUARE FOOTAGE	**10,813**

C, Need--1.A.3.e.
Letters of Intent & Qualifications
Facility Protocols and Procedures

18167 US Hwy. 19 N. • Suite 650 • Clearwater, FL 33764 • (727) 507-3600

Local Practice Divisional Support National Resources

EmCare®

Making Health Care Work Better.™

December 5, 2014

Melanie Hill, Executive Director

Tennessee Health Services and Development Agency

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, TN 37243

RE: TriStar Southern Hills Medical Center's CON Application to establish a Free Standing Emergency Department in South Davidson County

Dear Mrs. Hill:

EmCare supports the establishment of a new Free Standing Emergency Department located at American General Way in South Davidson County by TriStar Southern Hills Medical Center. EmCare presently services the Emergency Department located on the main campus of TriStar Southern Hills Medical Center by providing the physician coverage. EmCare would be happy to also service the proposed Free Standing Emergency Department at American General Way in South Davidson County upon opening.

Sincerely,

Robert R. Page III, MD

Executive Vice President

EmCare, Alliance Division

Long Name	Last Name	First name	Specialty	Group Name	Category	Board	Status	Exp
Stephen M Roberts, MD	Roberts	Stephen	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Associate/Affiliate	Am Bd Family Medicine	Active - Maintenance of Certification	2/15/2015
Lajon Addison DO	Addison	Lajon	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Os Bd Emergency Medicine	Certified	12/31/2015
Angeline Denise Brunetto, MD	Brunetto	Angeline	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Associate/Affiliate	Am Bd Emergency Medicine	Certified	12/31/2018
DeAnn M. Bullock MD	Bullock	DeAnn	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Associate/Affiliate	Am Bd Emergency Medicine	Certified	12/31/2017
Dorsha N. James MD	James	Dorsha	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2019
Randall E Ellis MD	Ellis	Randall	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2021
Erik Byron Motsenbocker MD	Motsenbocker	Erik	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Associate/Affiliate	Am Bd Emergency Medicine	Certified	12/31/2018
Heinro Van Zyl MD	Van Zyl	Heinro	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2019
Suzanne E.A. Smith MD	Smith	Suzanne	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2018
Lynn Kendell Tuggle MD	Tuggle	Lynn	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2016
Charles Jared White, MD	White	Charles	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2021
Martha Noelle Goodin MD	Goodin	Martha	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2021
Andrew Wiggins MD	Wiggins	Andrew	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2023
Ursula D Norfleet, MD	Norfleet	Ursula	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2022
Jessica G Folger, MD	Folger	Jessica	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2022
Nicholas Strane, MD	Strane	Nicholas	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Certified	12/31/2020
Omari A Ruffin, MD	Ruffin	Omari	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Intended to Sit	/ /
Linda C Plummer, MD	Plummer	Linda	Emergency Medicine	EMCARE - Southern Hills Medical Center ED	Active	Am Bd Emergency Medicine	Not Certified	Grandfathered

ABMS® Board Certification Credentials Profile

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New Search | Search Results | Feedback | Save Physician | Print

Stephen Michael Roberts (ABMSUID - 12503) Viewed:2/3/2014 8:59:13 AM CST

DOB: private

Status: private

Certification

American Board of Family Medicine

Family Medicine - General ***Status: Certified***

				Reverification Date
Active	➤MOC	Recertification	11/22/2011 -	02/15/2014
Expired	Time-Limited	Recertification	12/03/2004 - 12/31/2011	
Expired	Time-Limited	Recertification	07/11/1997 - 12/31/2004	
Expired	Time-Limited	Initial Certification	07/13/1990 - 12/31/1997	

The American Board of Family Medicine (ABFM) has implemented certification standards which specify that board certification is contingent upon meeting the ongoing requirements of Maintenance of Certification (MOC). Accordingly, as of July 9, 2011, the ABFM no longer issues certificates with specific end dates to certification. Annual primary source verification on or immediately after the reverification date shown above is necessary to accurately determine a diplomate's current certification status. More information is available at https://www.theabfm.org/moc/index.aspx.

Meeting Maintenance of Certification (MOC) Requirements

American Board of Family Medicine (Learn more about Meeting Board's MOC Requirements)

Family Medicine Yes

Education

1985 MD (Doctor of Medicine)

Location

Private
Hilton Head Island, SC 29928 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

142 E. Ontario Street Chicago, Illinois 60611-2864
FAX 312-202-8445
ELECTRONIC MAIL: credentials@osteotech.org

Physician Name: Lajon D. Addison, DO

Address: 9051 Watson Rd Apt 101
Saint Louis, MO 63126-2240

Work Phone: (618) 549-0721

Birth Date: 08-Apr-1964

Self-Designated Major Practice Focus: Family Medicine

Self-Designated Minor Practice Focus:

AOA Memberhip Status: Member

The following information was obtained from the original issuing source of the credential, also known as the primary source

Predoctoral Education: Kirksville College of Osteopathic Med./A.T. Still University of Health Sciences
Kirksville MO

Year of Graduation: 1995

Postdoctoral Education: (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

Internship:	Des Peres Hospital - Internship Training Saint Louis MO (Formerly: Deaconess West Hospital - Internship Training)	**Dates Attended:**	07/01/1995 - 06/30/1996 Verified
Residency:	Des Peres Hospital - Surgery-General Residency Saint Louis MO (Formerly: Deaconess West Hospital - Surgery-General Residency)	**Dates Attended:**	07/01/1996 - 06/30/1997 Reverifying
Residency:	Des Peres Hospital - Surgery-General Residency Saint Louis MO (Formerly: Deaconess West Hospital - Surgery-General Residency)	**Dates Attended:**	07/01/1997 - 06/30/1998 Reverifying
Residency:	Des Peres Hospital - Surgery-General Residency Saint Louis MO (Formerly: Deaconess West Hospital - Surgery-General Residency)	**Dates Attended:**	07/01/1998 - 04/22/1999 Verified
Residency:	South Pointe Hosp/NOEM Consortium - Emergency Medicine Residency Warrensville Heights OH (Formerly: OUCOM/South Pointe Hospital - Emergency Medicine Residency)	**Dates Attended:**	07/01/2000 - 06/30/2001 Verified

Please note: *Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.*

Residency: **Dates Attended:**

Licenses:

State	Date Granted	Expiration Date	Status	Date Last Reported to the AOA	** Contact Board for More Information
IL	02/10/1999	07/31/2014	Active	06/25/2013	
KY	05/13/2010	02/28/2014	Active	10/18/2013	

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ELECTRONIC MAIL: credentials@osteotech.org

MO	06/05/1997	01/31/2014	Active	10/08/2013
OH	05/05/2000	07/01/2005	Inactive	06/11/2013
TN	04/05/2002	08/31/2014	Active	10/10/2013

*** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.*

Osteopathic Specialty Board Certification(s):

(Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.)
Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit www.osteopathic.org

	American Osteopathic Board of:			
General Certification(s):	Emergency Medicine	**Issue Date:** 05/06/2005	**Expiration Date:**	12/31/2015
OCC Participating:	Yes			
Certification(s) of Special Qualifications:		**Issue Date:**	**Expiration Date:**	
Certification(s) of Added Qualifications:		**Issue Date:**	**Expiration Date:**	

Certification by member board(s) of the American Board of Medical Specialties ® (ABMS):

(The AOIA Official Osteopathic Physician Profile Report has been designated by the ABMS as an Official Display Agent and provides this primary source data on the organization's behalf.)

	Date Granted	Expiration Date	Date Last Reported to the AOA
Primary Board(s):			
Subspecialty Certficate(s):			

AOA Accredited Continuing Medical Education:

Meets all of the requirements of the AOA for continuing education for the last 3-year period (2007 - 2009)
***Please note:** The AOA reports CME for AOA members only.*

Federal Drug Enforcement Administration:

As of 11/05/2013 Federal DEA registration is valid.
***Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.*

Former Name(s):

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FAX 312-202-8445
ELECTRONIC MAIL: credentials@osteotech.org

Please Note: *The content of this Official Osteopathic Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on osteopathic physicians. Appropriate use of this instrument, in combination with your organization's documented credentialing policies and procedures would meet the primary source requirements of the: American Osteopathic Association Healthcare Facilities Accreditation Program; Joint Commission on Accreditation of Healthcare Organizations; the American Accreditation Healthcare Commission, Inc. (URAC); and the National Association of Insurance Commissioners. The National Committee for Quality Assurance recognizes the Information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.*

If you note any discrepancies, please mark them on a copy of this report and return to the AOIA at the address above. Thank you.

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New Search | Search Results | Feedback | Save Physician | Print

Angeline D. Brunetto (ABMSUID - 585259) Viewed:12/10/2013 7:08:16 AM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General			***Status: Certified***
Active	Time-Limited	Recertification	11/26/2008 - 12/31/2018
Expired	Time-Limited	Initial Certification	06/17/1998 - 12/31/2008

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

1993 MD (Doctor of Medicine)

Location

Private
Christiana, TN 37037-6047 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

The information as presented by this service is approved for business use and is valid to meet the primary source verification requirements for credentialing as set by JCAHO, NCQA, URAC and other accrediting agencies.

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DeAnn Marie Bullock (ABMSUID - 844823) Viewed:12/12/2014 12:05:27 PM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active Time-Limited Initial Certification 06/14/2007 - 12/31/2017

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2003 MD (Doctor of Medicine)

Location

503 Huntington Ridge Dr
Nashville, TN 37211-5995 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

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Dorsha Nicole James (ABMSUID - 891605) Viewed:8/27/2009 7:28:07 AM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active Time-Limited Initial Certification 06/16/2009 - 12/31/2019

Education

2005 MD (Doctor of Medicine)

Location

1297 Campbell Rd
Goodlettsville, TN 37072-4109 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

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Randall E. Ellis (ABMSUID - 148835) Viewed:5/1/2014 4:17:36 PM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active	Time-Limited	Recertification	12/09/2011 - 12/31/2021
Expired	Time-Limited	Initial Certification	11/16/2001 - 12/31/2011

American Board of Family Medicine

Family Medicine - General ***Status: Not Certified***

Expired	Time-Limited	Recertification	08/05/2006 - 12/31/2013
Expired	Time-Limited	Recertification	07/09/1999 - 12/31/2006
Expired	Time-Limited	Initial Certification	07/10/1992 - 12/31/1999

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

American Board of Family Medicine (Learn more about Meeting Board's MOC Requirements) *

Family Medicine No

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

***Please note that the above disclaimer does not apply to physicians from the American Board of Family Medicine.**

Education

1989 MD (Doctor of Medicine)

Location

Private
Clarksville, TN 37043-8200 (United States)

ABMS® Board Certification Credentials Profile

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Erik Byron Motsenbocker (ABMSUID - 867391) Viewed:8/6/2009 3:50:34 PM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active	Time-Limited	Initial Certification	11/13/2008 - 12/31/2018

Education

2003 MD (Doctor of Medicine)

Location

803 Vivians Way
Brentwood, TN 37027-8743 (United States)

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Heinro Van Zyl (ABMSUID - 894461) Viewed:12/12/2014 11:55:16 AM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active Time-Limited Initial Certification 06/16/2009 - 12/31/2019

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2005 MD (Doctor of Medicine)

Location

1604 E Las Olas Blvd
Fort Lauderdale, FL 33301-2382 (United States)

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Suzanne E.A. Smith (ABMSUID - 585303) Viewed:12/12/2014 11:59:17 AM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General			***Status: Certified***
Active	Time-Limited	Recertification	11/26/2008 - 12/31/2018
Expired	Time-Limited	Initial Certification	06/17/1998 - 12/31/2008

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

1994 MD (Doctor of Medicine)

Location

Private
Nashville, TN 37204-4142 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

With the exception of our Medical Specialists Online (MSO) product, all information as presented by ABMS Solutions products are approved for business use and are considered Primary Sourve Verified (PSV) and meet the primary source verification requirements as set by The Joint Commission, NCQA, URAC and other key accrediting agencies.

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Lynn K. Tuggle (ABMSUID - 818612) Viewed:12/12/2014 12:02:23 PM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active Time-Limited Initial Certification 11/16/2006 - 12/31/2016

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2002 MD (Doctor of Medicine)

Location

Private
Nashville, TN 37221 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

With the exception of our Medical Specialists Online (MSO) product, all information as presented by ABMS Solutions products are approved for business use and are considered Primary Sourve Verified (PSV) and meet the primary source verification requirements as set by The Joint Commission, NCQA, URAC and other key accrediting agencies.

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Charles Jared White (ABMSUID - 944068) Viewed:9/17/2014 10:37:52 AM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active	Time-Limited	Initial Certification	11/08/2011 - 12/31/2021

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2007 MD (Doctor of Medicine)

Location

Private
Nashville, TN 37212-4813 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

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Martha Noelle Goodin (ABMSUID - 943139) Viewed:12/12/2014 12:03:15 PM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active Time-Limited Initial Certification 06/08/2011 - 12/31/2021

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2006 MD (Doctor of Medicine)

Location

Private
Frederick, MD 21701-5577 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

With the exception of our Medical Specialists Online (MSO) product, all information as presented by ABMS Solutions products are approved for business use and are considered Primary Sourve Verified (PSV) and meet the primary source verification requirements as set by The Joint Commission, NCQA, URAC and other key accrediting agencies.

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Andrew Coker Wiggins (ABMSUID - 991860) Viewed:12/12/2014 12:03:57 PM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active	Time-Limited	Initial Certification	06/13/2013 - 12/31/2023

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2009 MD (Doctor of Medicine)

Location

Private
Nashville, TN 37209-3920 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

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ABMS® Board Certification Credentials Profile

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New Search | Search Results | Feedback | Save Physician | Print

Ursula D. Norfleet (ABMSUID - 732072) Viewed:12/12/2014 12:04:41 PM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General			***Status: Certified***
Active	Time-Limited	Recertification	10/17/2012 - 12/31/2022
Expired	Time-Limited	Initial Certification	11/21/2002 - 12/31/2012

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

1998 MD (Doctor of Medicine)

Location

Private
Nashville, TN 37211-8529 (United States)

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Jessica Grace Speltz Folger (ABMSUID - 968608) Viewed:5/29/2014 7:05:39 AM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active	Time-Limited	Initial Certification	06/05/2012 - 12/31/2022

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2008 MD (Doctor of Medicine)

Location

Private
Nashville, TN 37205-3144 (United States)

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ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

New Search | Search Results | Feedback | Save Physician | Print

Nicholas J. Strane (ABMSUID - 892424) Viewed:8/12/2014 10:59:09 AM CST

DOB: private

Status: private

Certification

American Board of Emergency Medicine

Emergency Medicine - General ***Status: Certified***

Active	Time-Limited	Initial Certification	11/19/2010 - 12/31/2020

Meeting Maintenance of Certification (MOC) Requirements

American Board of Emergency Medicine (Learn more about Meeting Board's MOC Requirements)

Emergency Medicine Yes

For some ABMS Member Boards, physicians who achieved Board Certification before those Boards established their MOC programs are not required to participate in MOC. To obtain information regarding whether a specific physician is required to participate in MOC please contact the pertinent ABMS Member Board http://www.CertificationMatters.org/abms-member-boards.aspx.

Education

2004 MD (Doctor of Medicine)

Location

Private
Nashville, TN 37205-1208 (United States)

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

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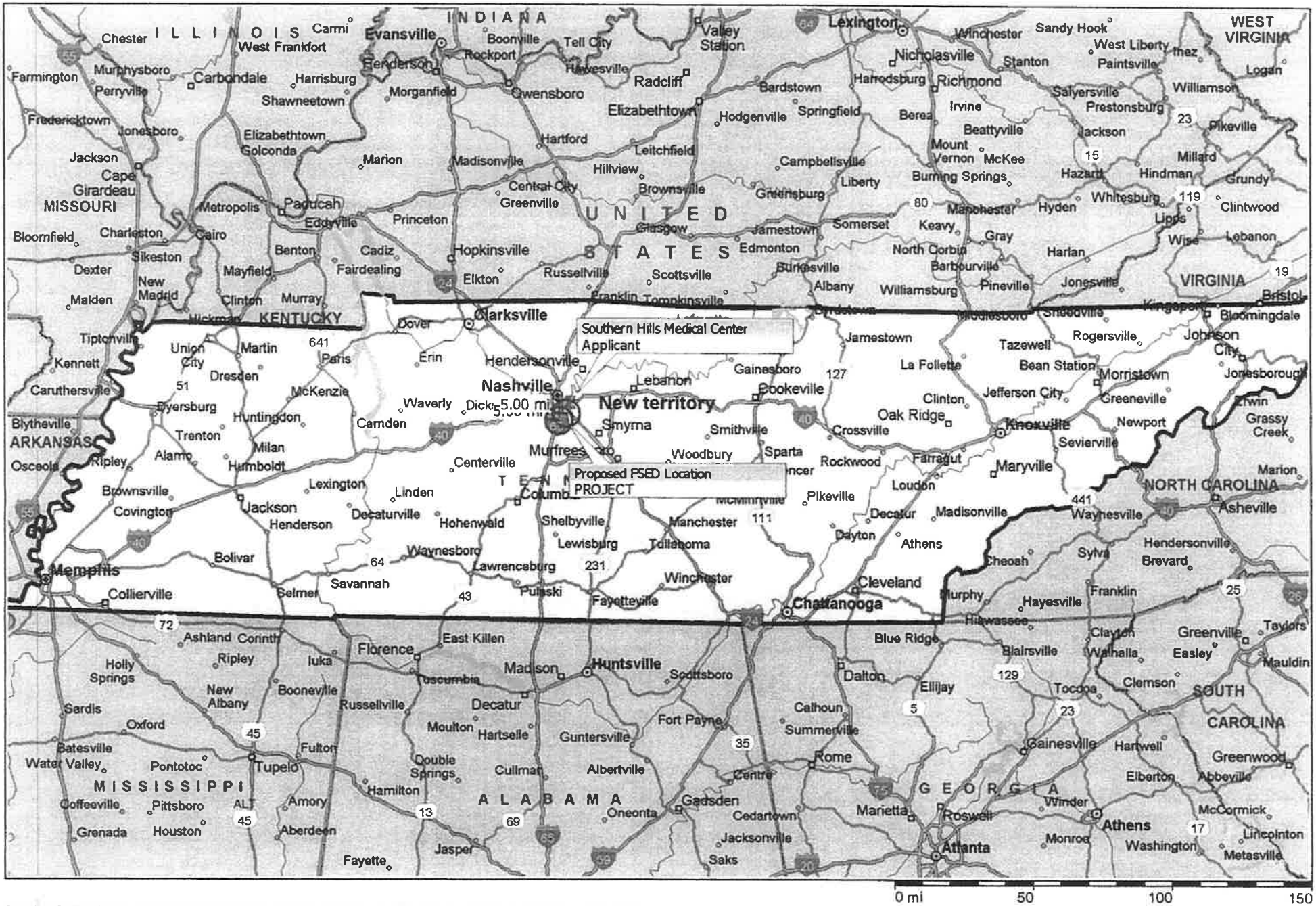
C, Need--3
Service Area Maps

PRIMARY SERVICE AREA

State of Tennessee with 5 mile radius at Locations



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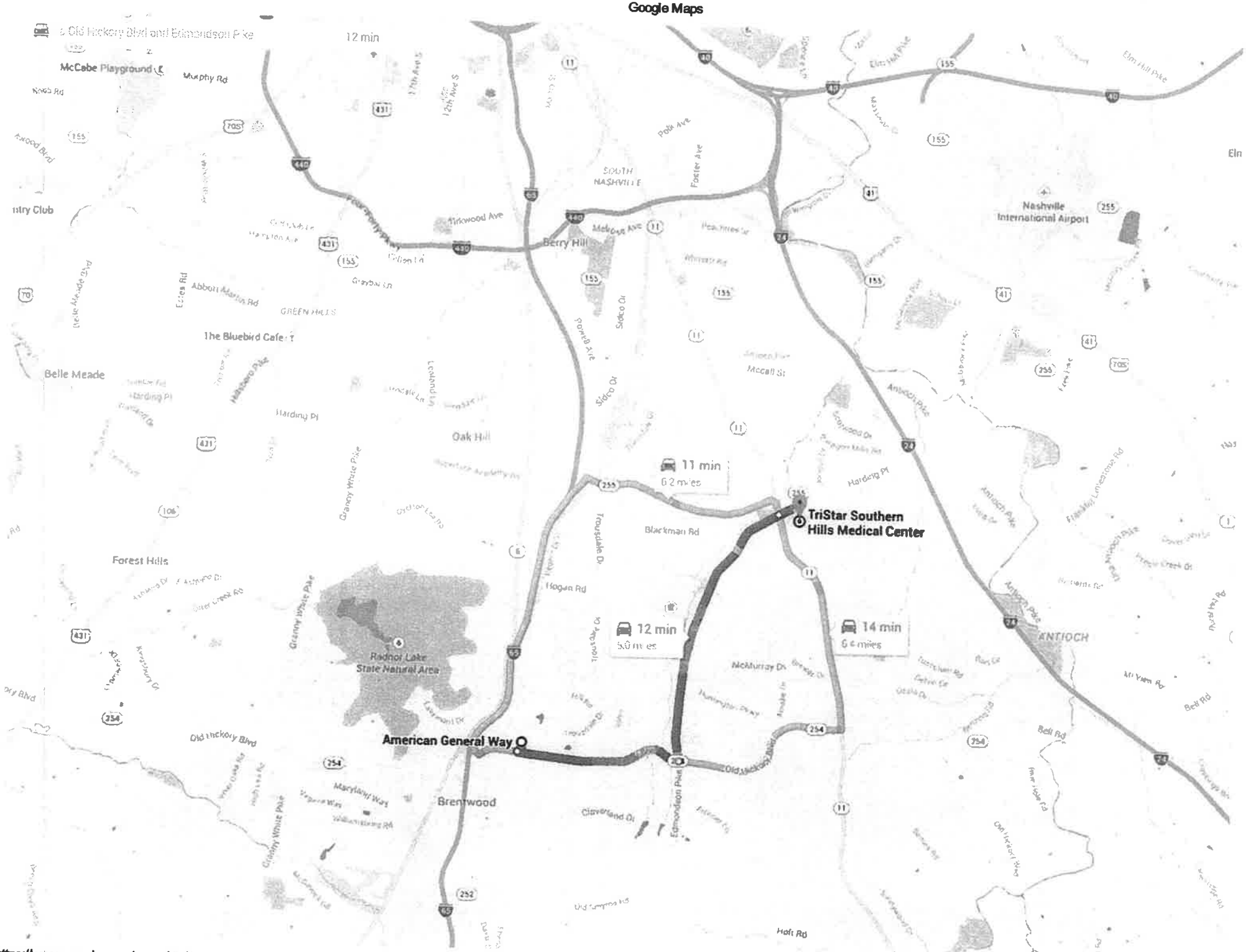
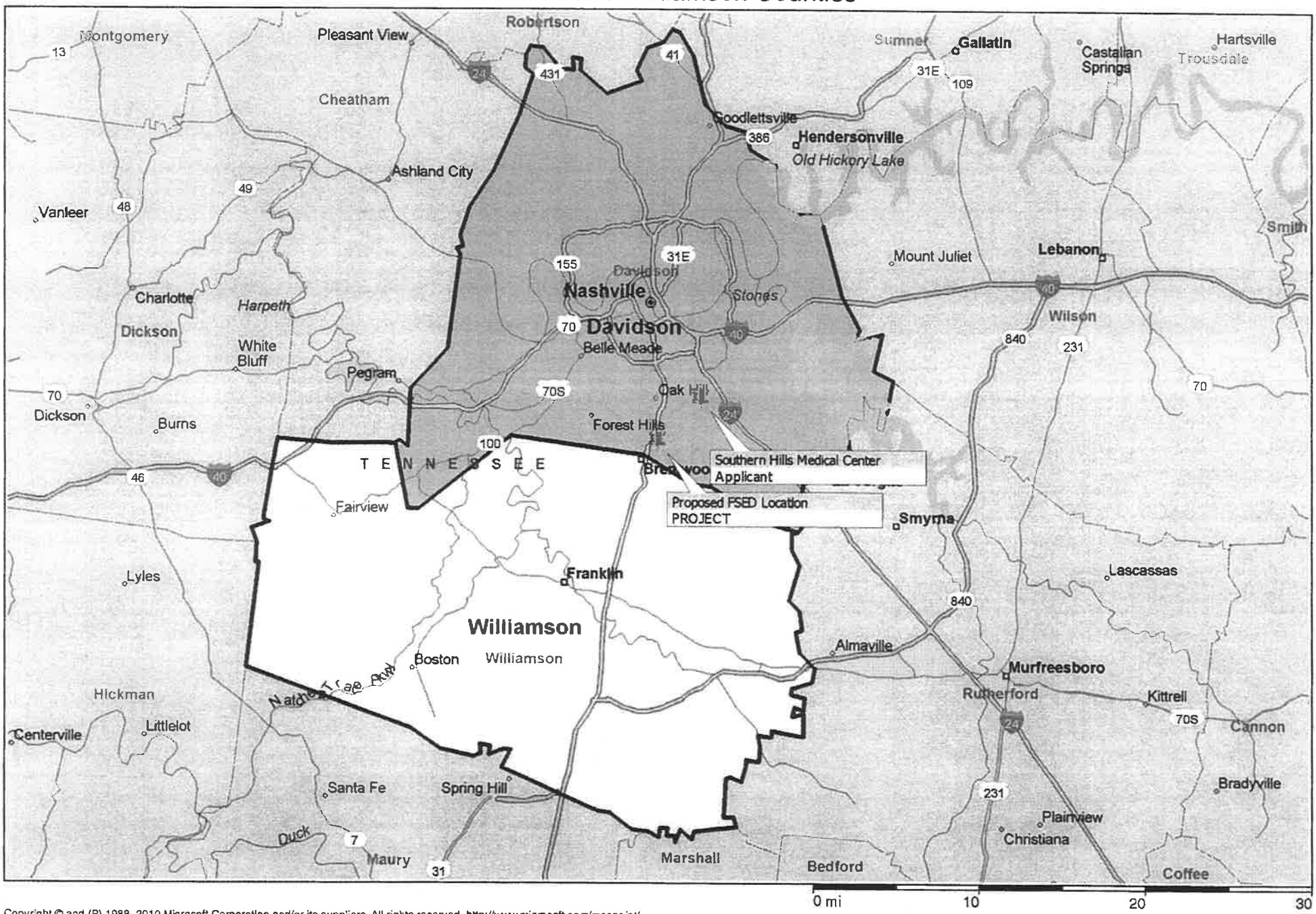


https://www.google.com/maps/dir/American+General+Way,+Brentwood,+TN+37027/TriStar+Southern+Hills+Medical+Center,+204+Wall...

Davidson and Williamson Counties



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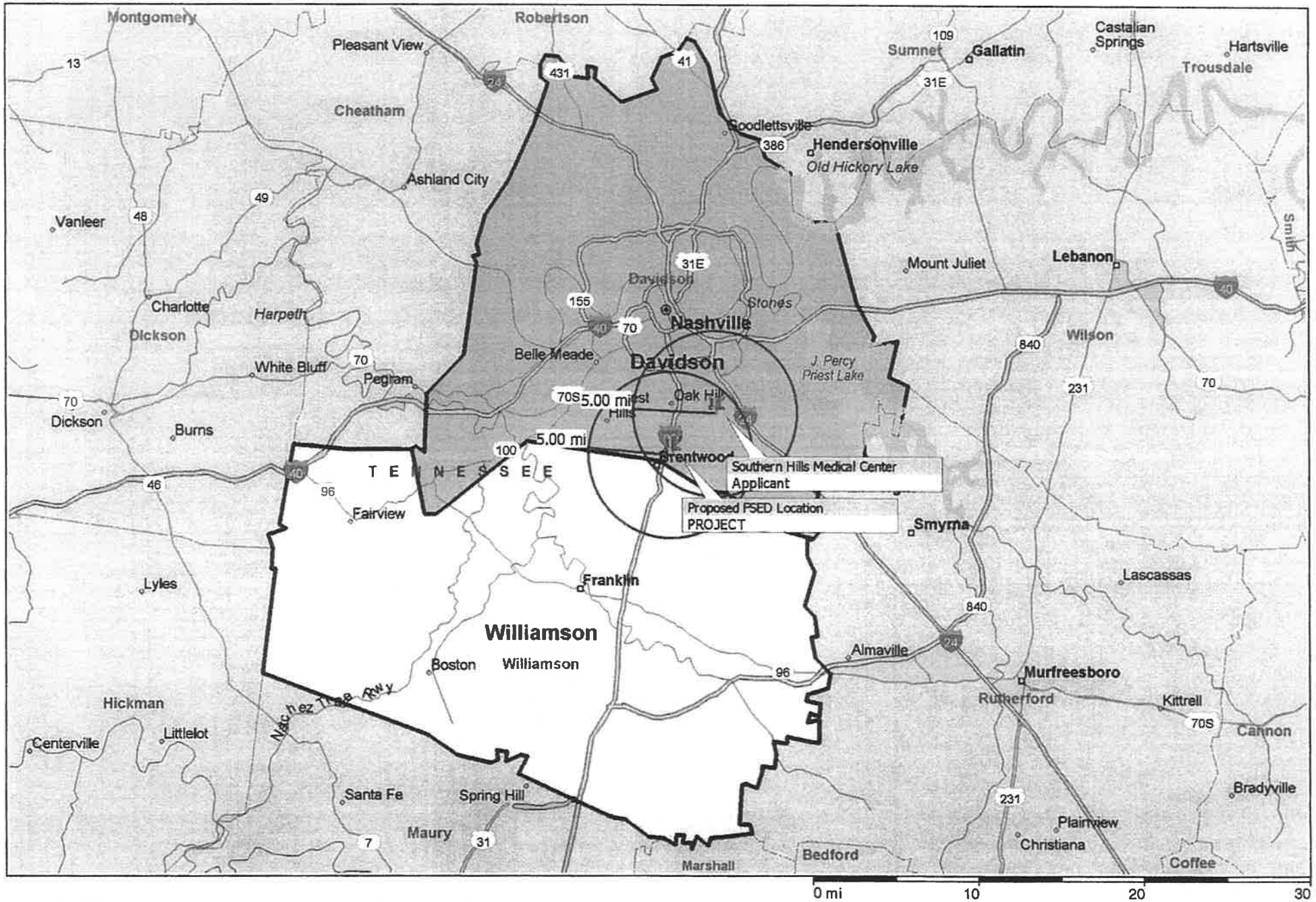
Davidson and Williamson Counties with 5 mile radius at Locations



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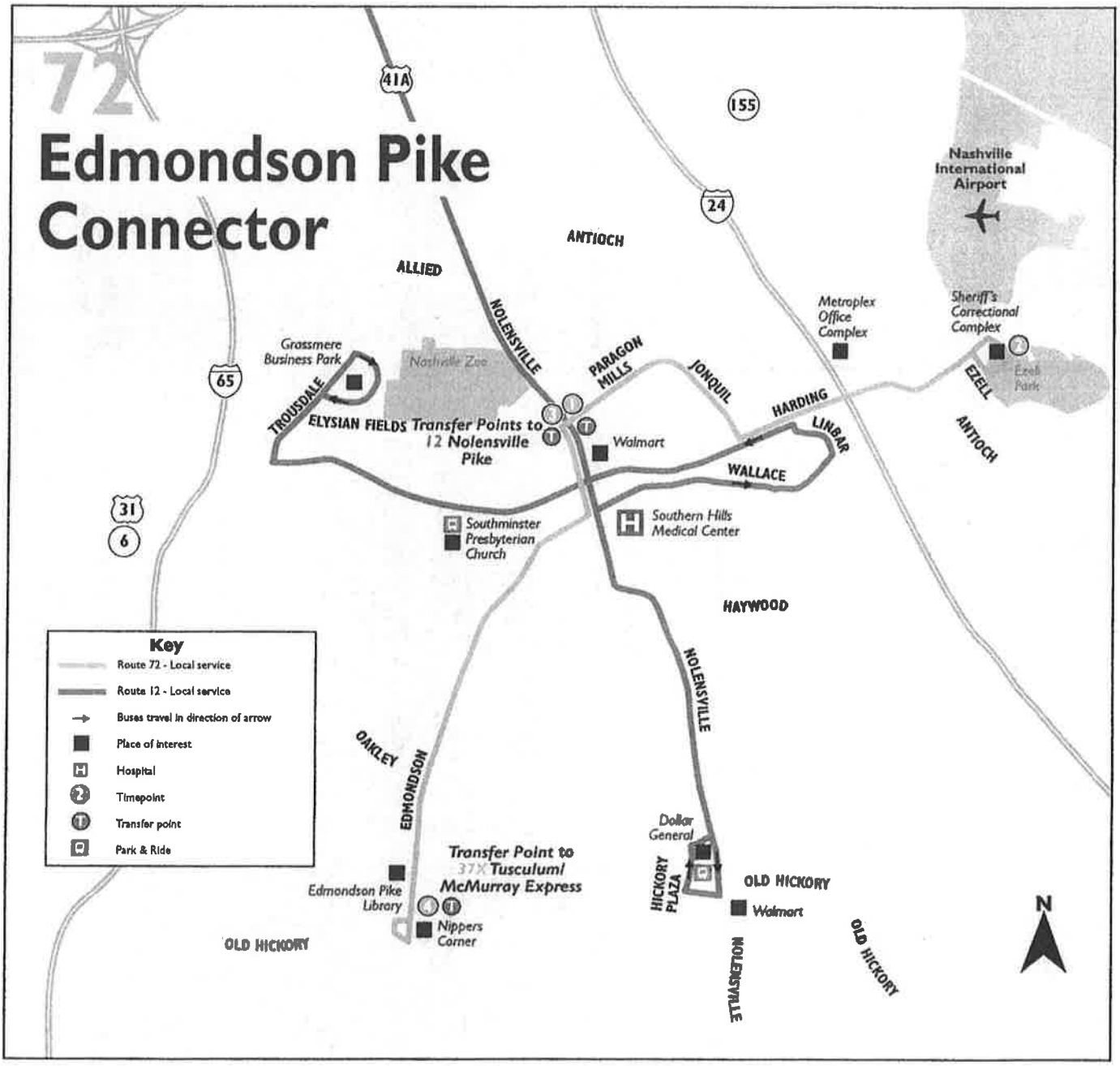


WEEKDAYS — via Harding Place

Walmart	Sheriff's Correctional Complex	Nolensville & Welshwood	Walmart
	5:55	6:08	
6:43	6:55	7:08	
7:41	7:55	8:10	
8:43	8:55	9:08	
9:45	10:00		10:10
11:20	11:32	11:45	
12:25	12:37	12:50	
1:30	1:42		1:52
4:40	4:55	5:10	
5:50	6:02	6:15	
6:46	6:58		7:08

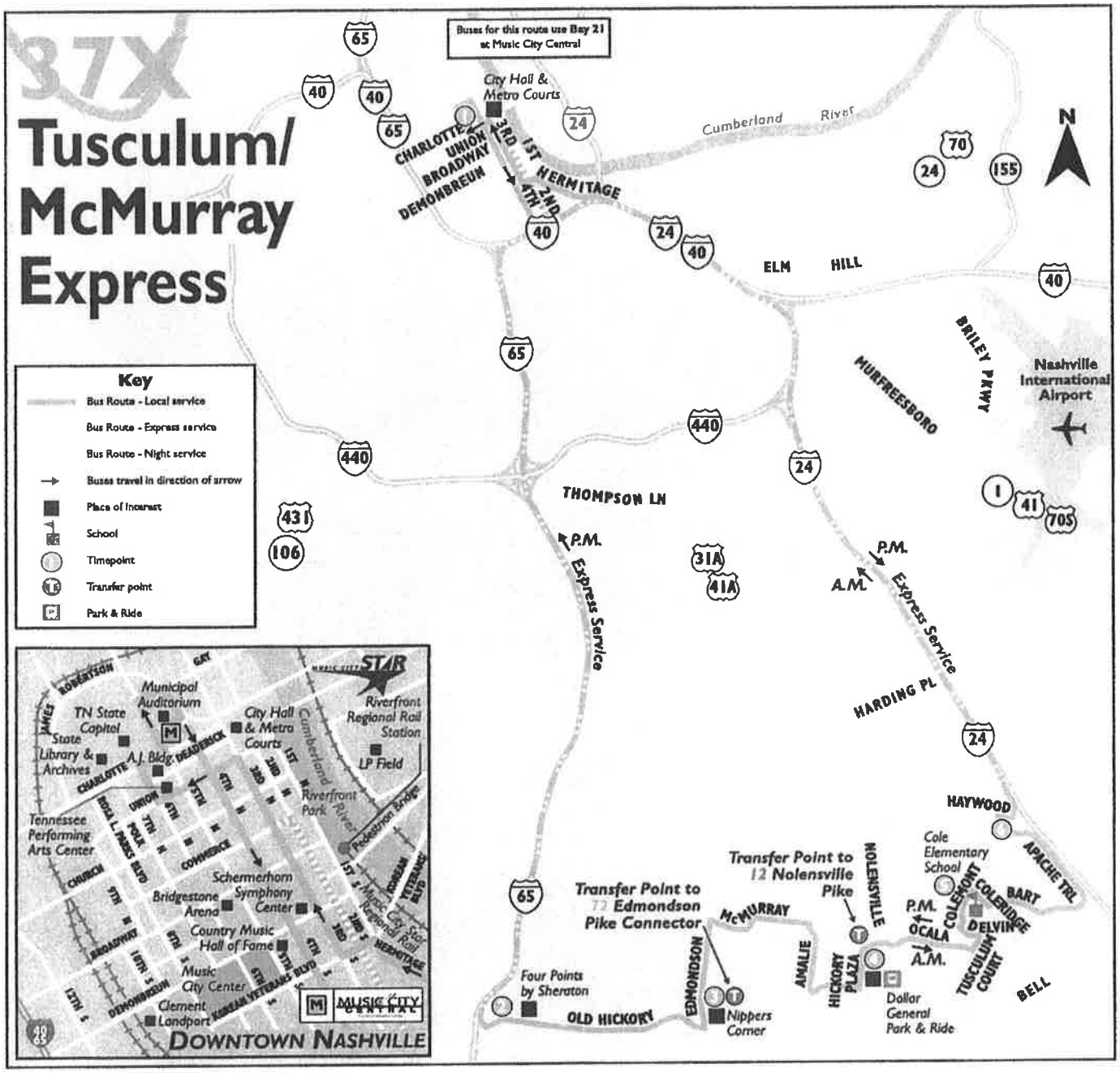
WEEKDAYS — via Edmondson Pike

Nolensville & Welshwood	Edmondson & Nippers Corner	Walmart
6:10	6:28	6:39
7:10	7:28	7:41
8:10	8:28	8:41
9:10	9:28	9:41
11:50	12:08	12:21
12:55	1:13	1:26
4:05	4:23	4:36
5:15	5:33	5:46
6:15	6:33	6:46

NO SERVICE SATURDAYS, SUNDAYS OR HOLIDAYS

a.m. trips p.m. trips

35X Tusculum/ McMurray Express



WEEKDAYS — to Downtown

Four Points by Sheraton	Nippers Corner	Dollar General Park & Ride	Cole Elementary School	Apache & Haywood	Music City Central
6:17	6:24	6:35	6:40	6:50	7:15
6:38	6:47	6:59	7:06	7:15	7:45
4:40#		EXPRESS			5:35
5:39		EXPRESS			6:07

This bus travels to downtown via Route 35X - Rivergate Express.

NO SERVICE SATURDAYS, SUNDAYS OR HOLIDAYS

a.m. trips p.m. trips

WEEKDAYS — from Downtown

Music City Central Bay 21	Apache & Haywood	Cole Elementary School	Dollar General Park & Ride	Nippers Corner	Four Points by Sheraton	Music City Central
3:40•	4:03	4:11	4:19	4:30	4:40#	5:35
4:38	5:08	5:15	5:22	5:32	5:39	6:07

• On school days only, this bus begins service at Martin Luther King Jr. Magnet School at 3:20 p.m. and travels directly to Music City Central.

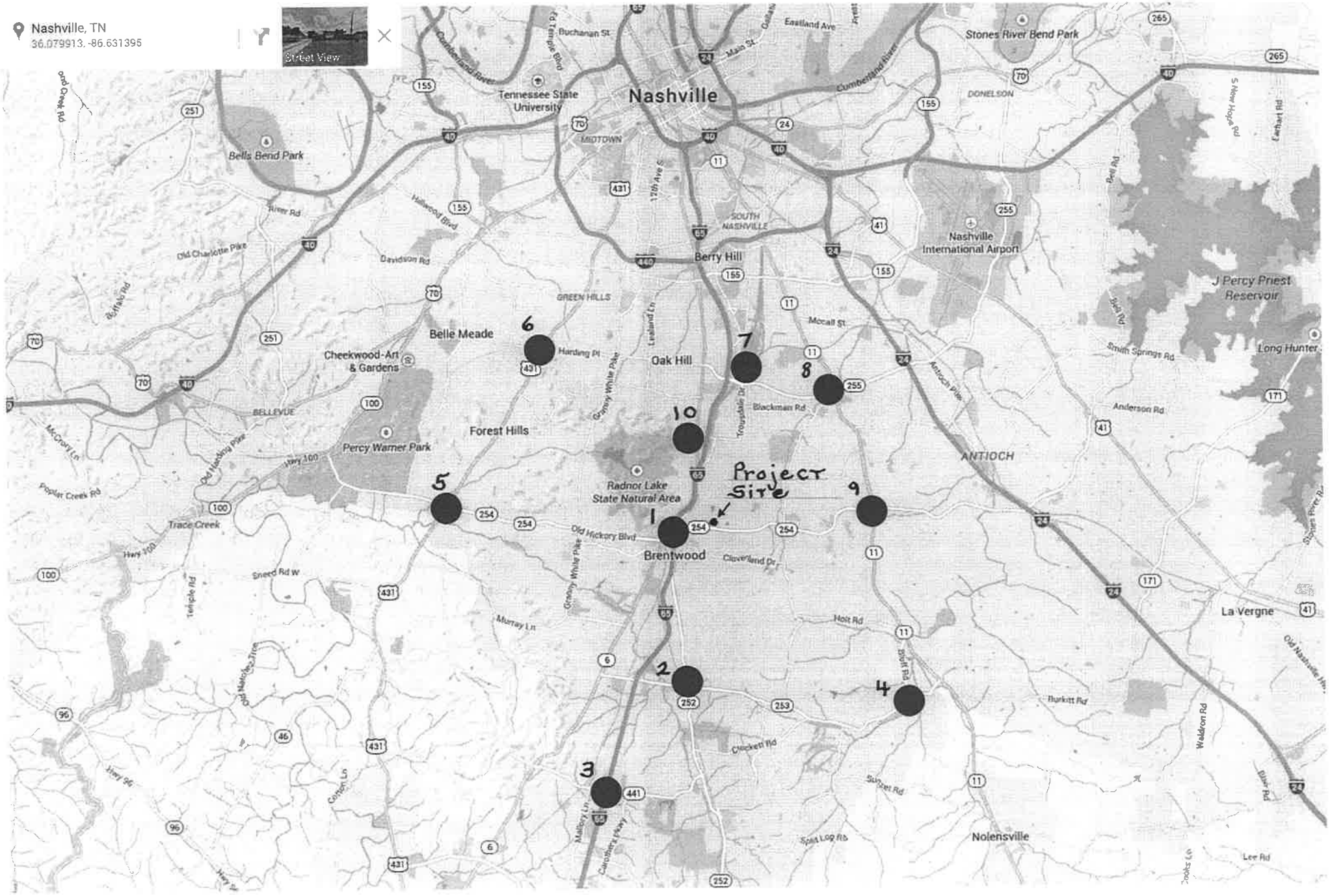
This bus travels to downtown via Route 35X - Rivergate Express.

On school early dismissal days only, a midday bus begins service at Martin Luther King Jr. Magnet School at 11:50 a.m. and travels directly to Music City Central.

Table Twelve: TriStar Southern Hills Medical Center Emergency Department at I-65 Distances & Drive Times to Project Site at Old Hickory Boulevard and American General Way				
Map Key	**Intersection**	**Zip Code**	**Distance**	**Drive Time**
1	I-65 & Old Hickory Blvd. (SR 254)	37027 -- Brentwood	1.0 mi.	5 min.
2	**Concord R. (SR 253) & Wilson Pk. (SR 252)**	**37027 -- Brentwood**	**4.6 mi.**	**7 min.**
3	I-65 & Moore's Lane (SR 441)	37027 -- Brentwood	5.7 mi.	7 min.
4	Concord Rd. (SR 253) at Bluff Rd.	37027 -- Brentwood	7.0 mi.	15 min.
5	Hillsboro Pk. (US 431) & Old Hickory Blvd. (SR 25	37215 & 027- Br. & Nvl.	5.2 mi.	12 min.
6	**Harding Pl. (SR 255) & Hillsboro Pk. (SR 431**	**37215 -- Nvl (Grn Hls & Forest**	**7.9 mi.**	**13 min.**
7	Harding Pl. (SR 255) & Trousdale Dr.	37211 -- Nashville	4.7 mi.	7 min.
8	**Harding Pl. (SR 255) & Nolensville Rd. (SR 1**	**37211 -- Nashville**	**4.8 mi.**	**11 min.**
9	Old Hickory Blvd. (SR 254) & Nolensville Rd. (SR	37211 -- Nashville	3.7 mi.	7 min.
10	**Franklin Rd. (SR 6) & Hogan Rd.**	**37220 -- Nvl (Oak Hill & Radno**	**2.8 mi.**	**9 min.**

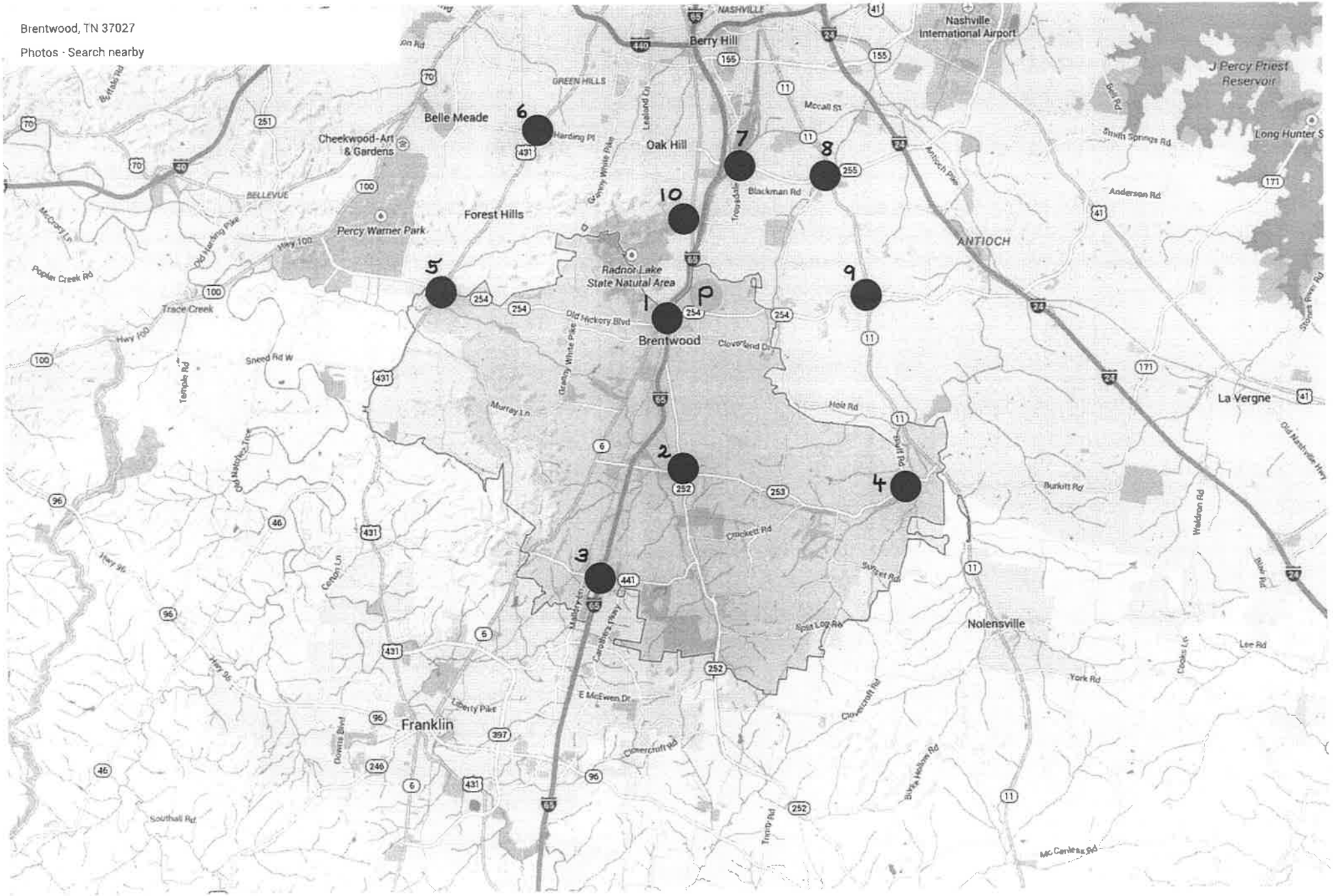
Source: Google Maps

Note: Centroid Intersections for each Zip Code are in Bold Print.

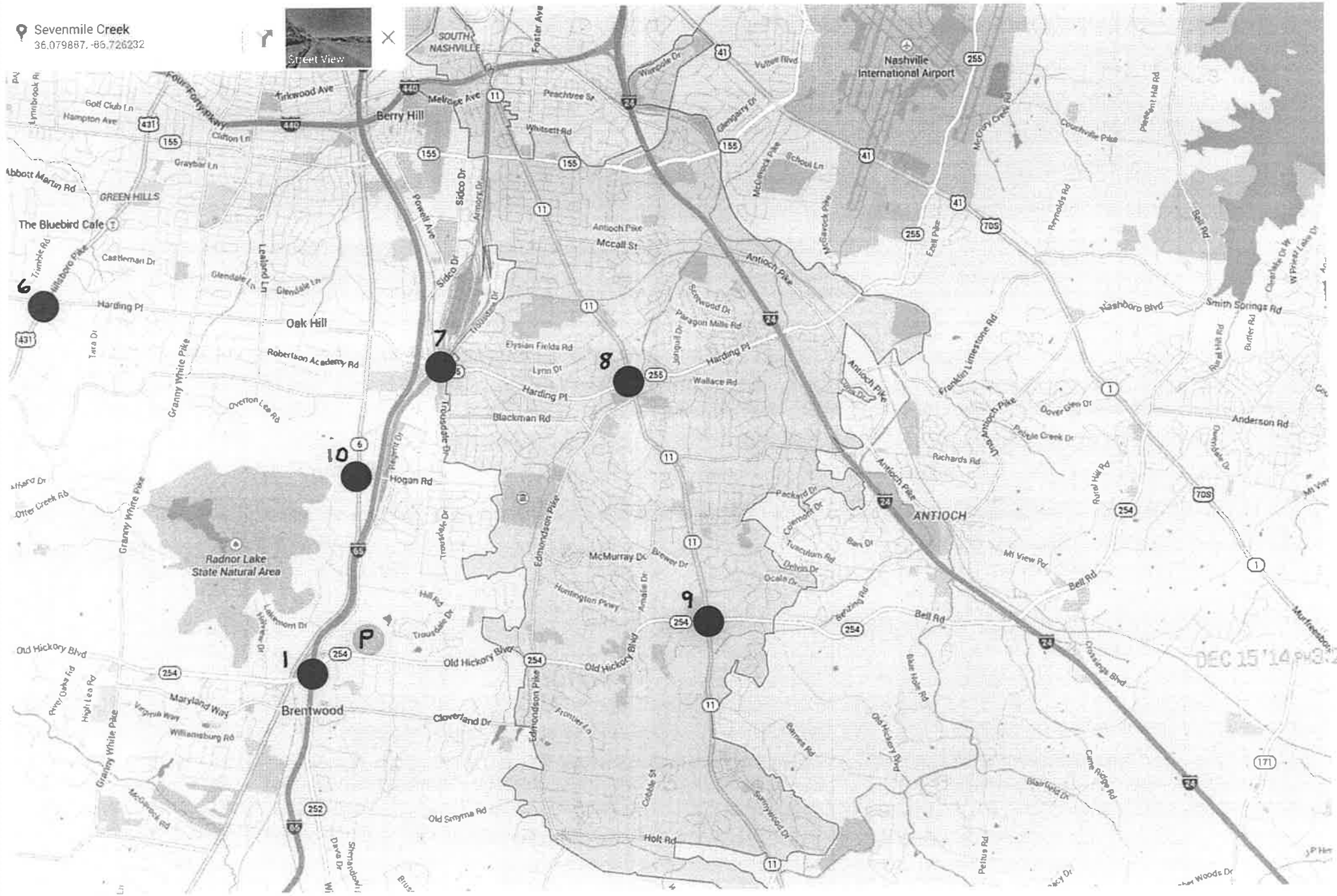

Nashville, TN
36.079913, -86.631395
Street View
Nashville
Tennessee State University
MIDTOWN
Bells Bend Park
Stones River Bend Park
DONELSON
Nashville International Airport
J Percy Priest Reservoir
Long Hunter
SOUTH NASHVILLE
Berry Hill
GREEN HILLS
Belle Meade
Cheekwood-Art & Gardens
Oak Hill
BELLEVUE
Forest Hills
Percy Warner Park
Radnor Lake State Natural Area
Brentwood
ANTIOCH
La Vergne
Nolensville
Project Site
1
2
3
4
5
6
7
8
9
10

Brentwood, TN 37027

Photos · Search nearby



Nashville, TN 37215
Photos · Search nearby
McCabe Playground
Murphy Rd
Knob Rd
River Rd
US Hwy 70
Hillwood Blvd
W Hillwood Dr
Newberry Rd
Davidson Rd
Hillwood Country Club
Old Charlotte Pike
Charlotte Pike
Rodney Dr
Browlee Dr
Belle Meade Blvd
Belle Meade
Harding Pl
Wayland Dr
Cheekwood-Art & Gardens
Hicks Rd
BELLEVUE
Baugh Rd
Bellevue Rd
Hwy 100
Old Harding Pike
Percy Warner Park
Edwin Warner Park
Chickering Rd
Forest Hills
Ashland Dr
E Ashland Dr
Otter Creek Rd
Old Hickory Blvd
Radcliff Dr
Polo Club Rd
Vaughn Rd
Sneed Rd W
Four Forty Pkwy
Golf Club Ln
Hampton Ave
Abbott Martin Rd
GREEN HILLS
The Bluebird Cafe
Hillsboro Pike
Castleman Dr
Trimble Rd
Tara Dr
Granny White Pike
Lealland Ln
Glendale Ln
Oak Hill
Robertson Academy Rd
Overton Lea Rd
Hogan Rd
Radnor Lake State Natural Area
Hillsboro Cir
Claremont Dr
Maryland Way
Virginia Way
Williamsburg Rd
Brentwood
Cloverland Dr
Edmondson Pike
Frontier Ln
Berry Hill
Melrose Ave
Tulwood Ave
SOUTH NASHVILLE
Polk Ave
Foster Ave
Peachtree St
Wilkerson Rd
Sidco Dr
Powell Ave
Antioch Pike
Mccall St
Elysian Fields Rd
Lynn Dr
Harding Pl
Blackman Rd
Trousdale Dr
Hill Rd
Huntington Pkwy
McMurray Dr
Annalie Dr
Old Hickory Blvd
Hwy 100
Radnor Creek
1
5
6
7
8
10
P


Sevenmile Creek
36.079887, -86.726232
Street View
SOUTH NASHVILLE
Nashville International Airport
Berry Hill
GREEN HILLS
The Bluebird Cafe
Oak Hill
Radnor Lake State Natural Area
Brentwood
ANTIOCH
6
7
8
9
10
1
P
DEC 15 '14 PM 3:21

Nashville, TN 37220
Photos · Search nearby
7
8
10
1
P
Nashville Zoo
Oak Hill
Battery Ln
Harding Pl
Granny White Pike
Franklin Pike
Tyne Blvd
Hogan Rd
Ellington Agricultural Center
Radnor Lake State Natural Area
Otter Creek
Old Hickory Blvd
Edmondson Pike
McMurray Dr
Blackman Rd
Elysian Fields Rd
Sidco Dr
Trousdale Dr
Regent Dr
Robert E Lee Dr
Boddington Park
Camelot Rd
Radnor Glen Dr
Lakemont Dr
Cadillac Dr
Fox Ridge Dr
Fireside Dr
Hearthstone Ln
Brentview Hills Dr
Rochelle Dr
Oakley Dr
Overton Rd
Garrett Dr
Wauford Dr
Elaine Dr
Lynn Dr
Binkley Dr
Van Leer Dr
Robertson Academy Rd
Oak Valley Ln
Gateway Ln
Stonewall Dr
Overton Lea Rd
Saxon Dr
Lakeview Dr
Farrell Pkwy
Barrywood Dr
Crieve Rd
Wheeler Ave
Atlas Dr
McNally Dr
Glendale Ln
Biltmore Dr
Scenic Dr
Curtiswood Ln N
Curtiswood Ln S
Omandale Dr
Prescott Rd
Harding Pl
Tara Dr
Chalmers Dr
Burton Valley Rd
Benton Smith Rd
Belmont Park Terrace
Hildreth Dr
Sewanee Rd
Lynn Dr
Danby Dr
Cerning Dr
Briarwood Dr
Timberhill Dr
Monclair Dr
Marchant Dr
Stillwood Dr
Stallworth Dr
Kincannon Dr
Cochran Dr
Pittchett Dr
Overton Rd
Forest Acres Dr
Broadwell Dr
San Marcos Dr
Wakefield Dr
Hillsboro Rd
Oakes Dr
Cleveland Dr
Copperfield Way
Highland Way
Myrtlewood Dr
Abbott Dr
Tobylynn Dr
Huntington Pkwy
Ashley Dr
Amalie Dr
Hilson Rd
Watsonwood Dr
Valleywood Dr
Whispering Hills Dr
Highcrest Dr
Southcrest Dr
Westcrest Dr
Brewer Dr
Durrett Dr
Sater Dr
Northcrest
Bre
Old Hickory Bl
Wildhaven Dr
Marylan
Burnt Leaf Ln
Bridgewood Ln
River Oaks Rd
Valley Rd
Lea Rd
E Ashland Dr
Otter Creek Rd
Granny White Pike
Tyne Blvd
Robert E Lee Dr
Franklin Pike
Regent Dr
Hogan Rd
Old Hickory Blvd
Edmondson Pike
McMurray Dr
Blackman Rd
Elysian Fields Rd
Harding Pl
Nashville Zoo
431
31
65
6
255
11
254

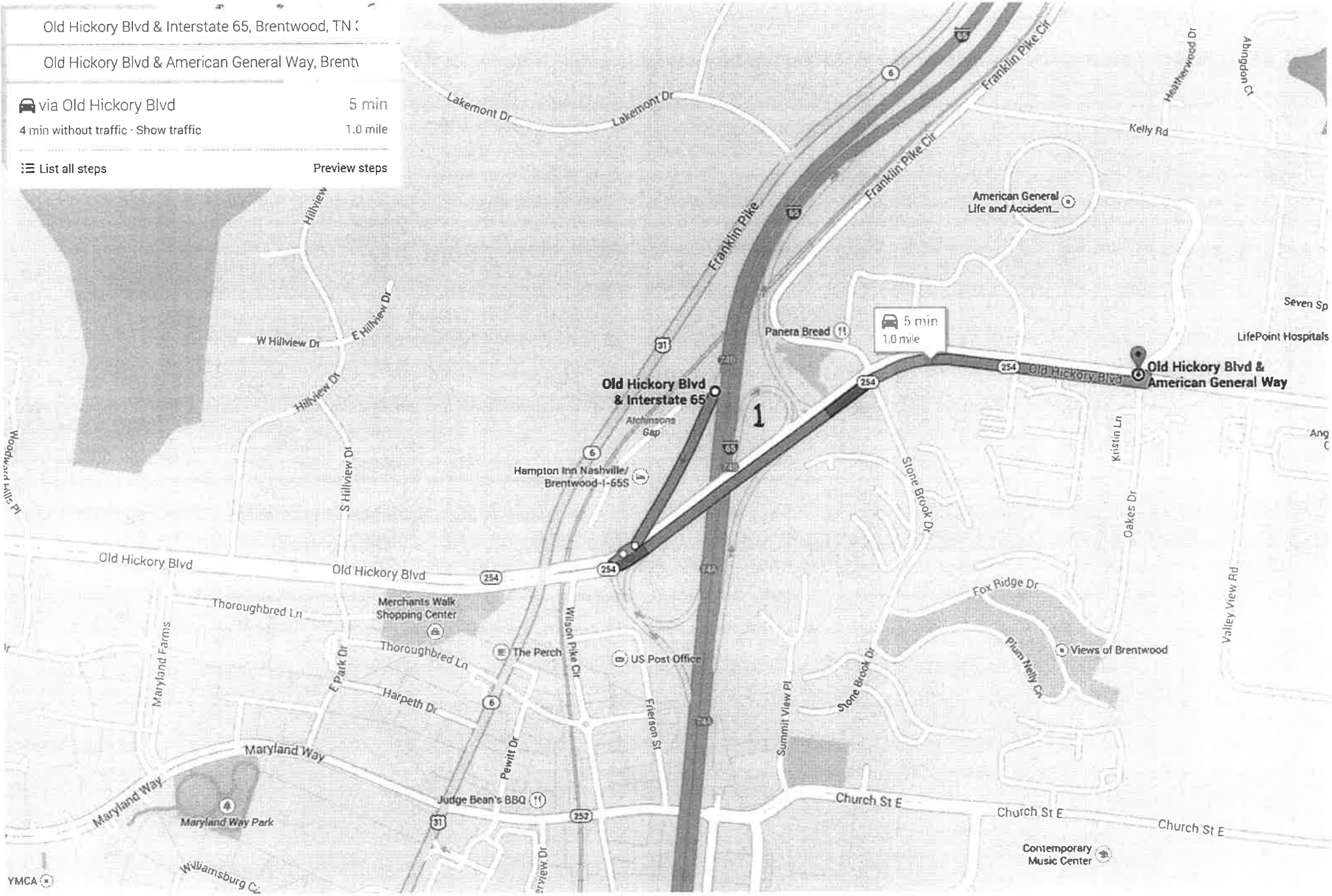
Old Hickory Blvd & Interstate 65, Brentwood, TN

Old Hickory Blvd & American General Way, Brent

via Old Hickory Blvd 5 min

4 min without traffic · Show traffic 1.0 mile

List all steps Preview steps



Wilson Pike & Concord Rd, Brentwood, TN

Old Hickory Blvd & American General Way, Brent\

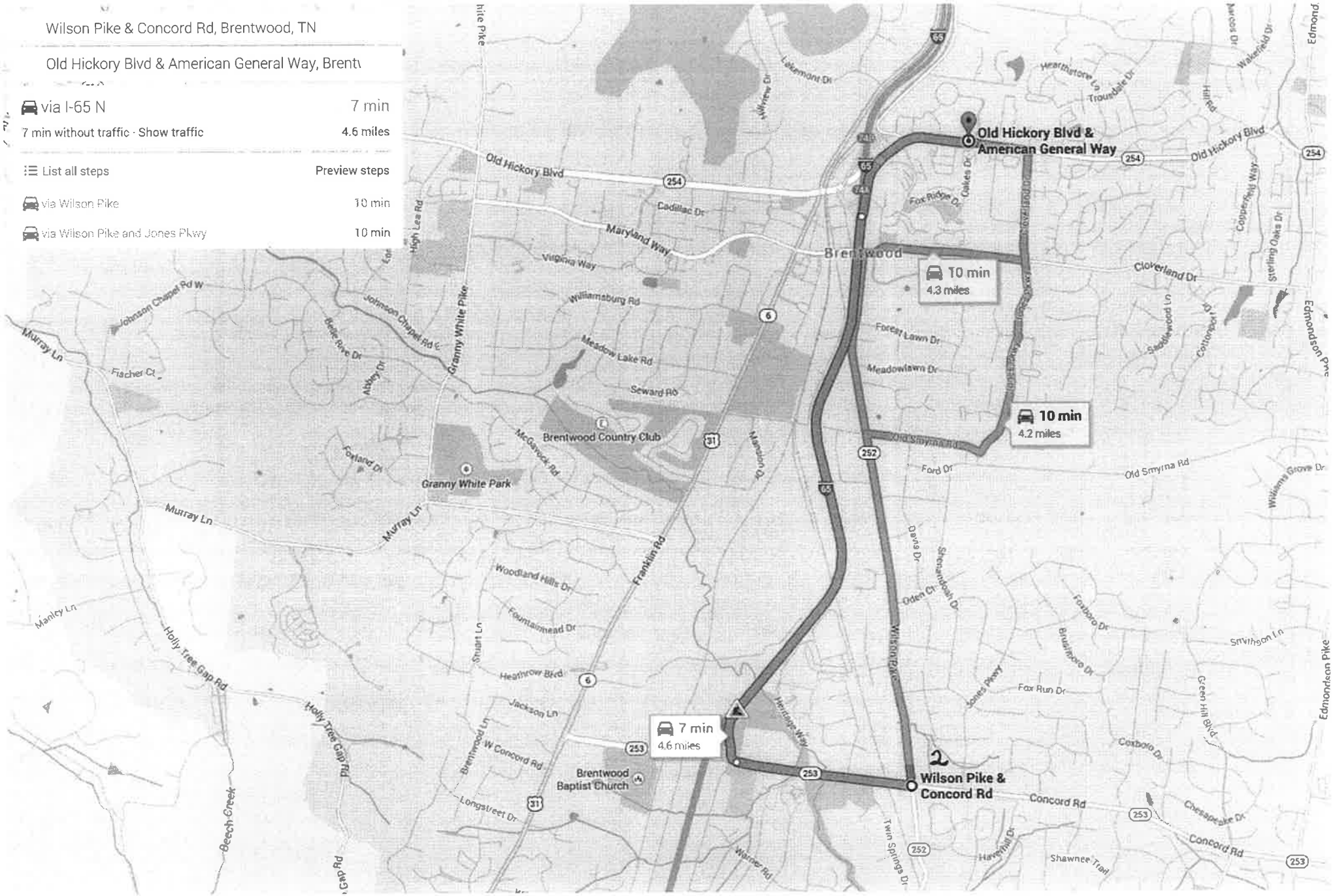
via I-65 N 7 min

7 min without traffic · Show traffic 4.6 miles

List all steps Preview steps

via Wilson Pike 10 min

via Wilson Pike and Jones Pkwy 10 min



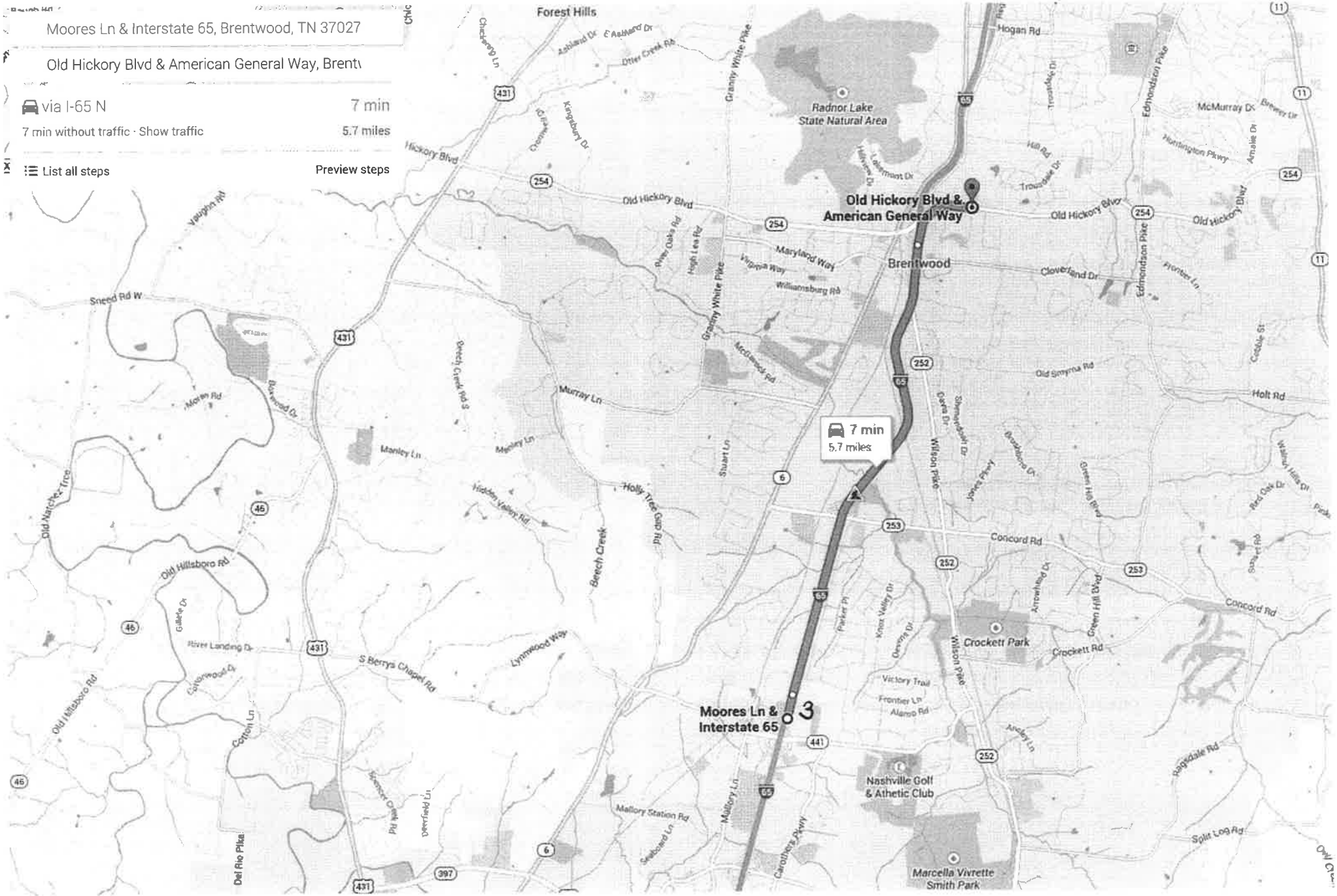
Moores Ln & Interstate 65, Brentwood, TN 37027

Old Hickory Blvd & American General Way, Brent\

via I-65 N 7 min

7 min without traffic · Show traffic 5.7 miles

List all steps Preview steps



Concord Rd & Bluff Rd, Brentwood, TN

Old Hickory Blvd & American General Way, Brent\

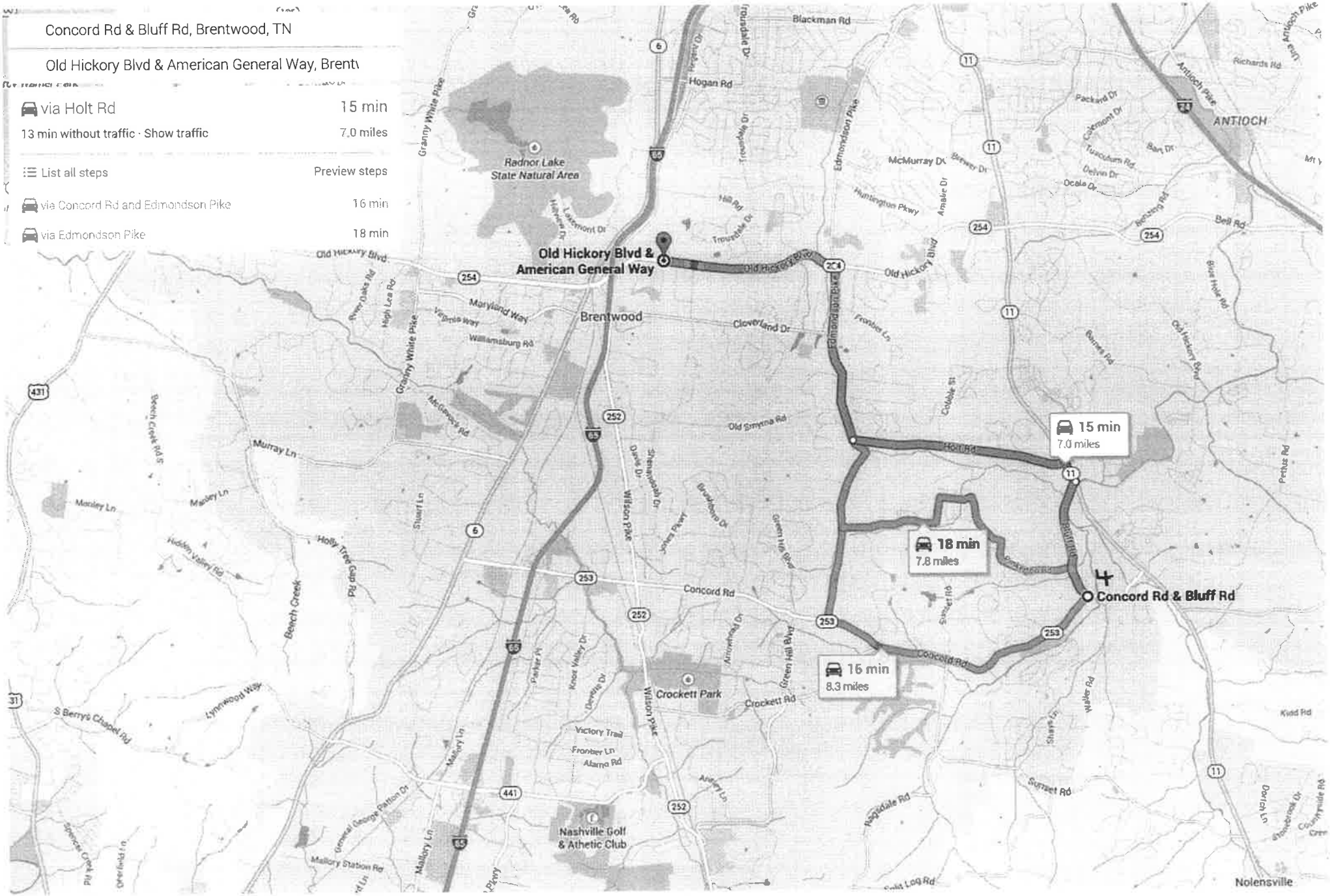
via Holt Rd 15 min

13 min without traffic · Show traffic 7.0 miles

List all steps Preview steps

via Concord Rd and Edmondson Pike 16 min

via Edmondson Pike 18 min



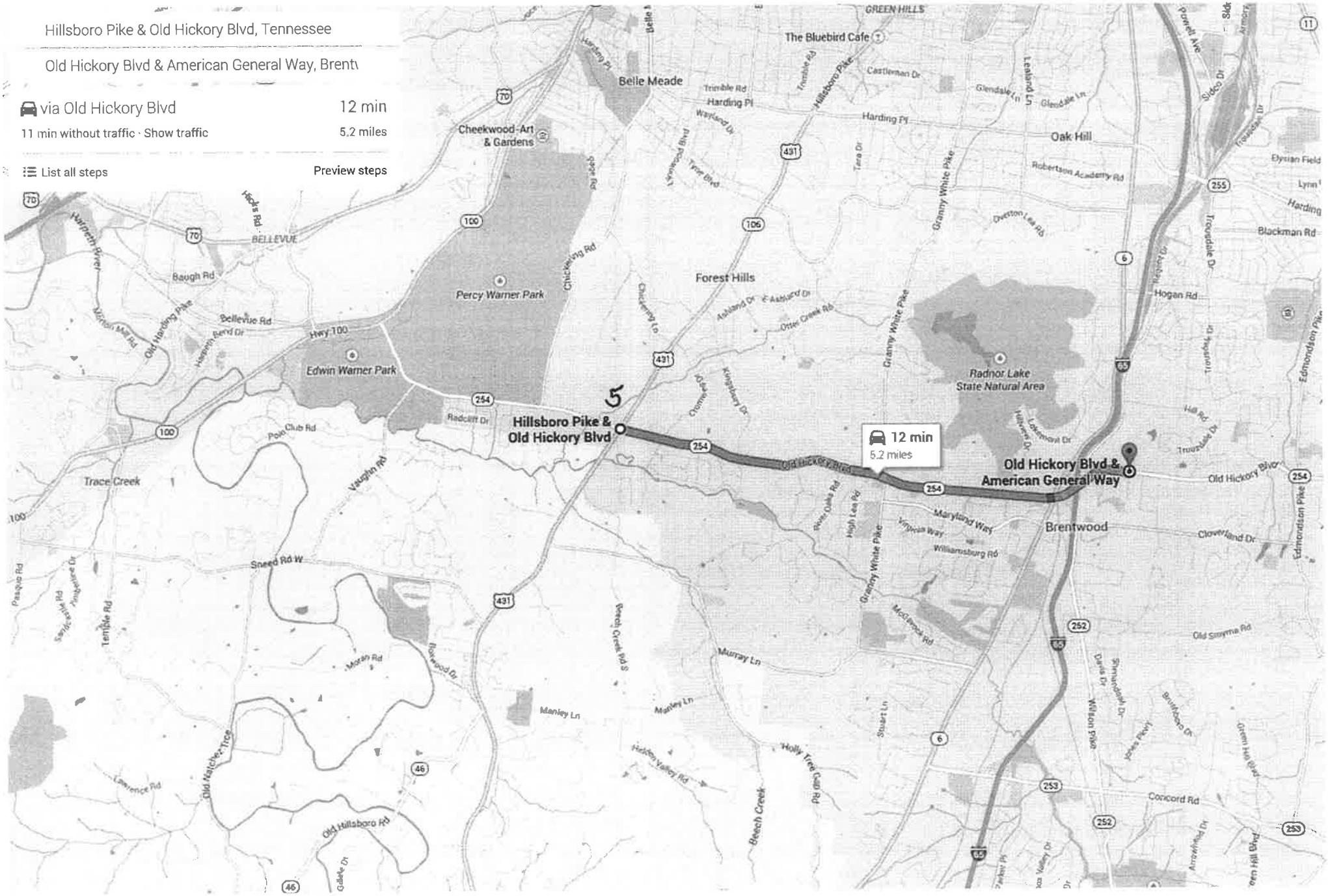
Hillsboro Pike & Old Hickory Blvd, Tennessee

Old Hickory Blvd & American General Way, Brent\

via Old Hickory Blvd 12 min

11 min without traffic · Show traffic 5.2 miles

List all steps Preview steps



Tennessee, USA

Old Hickory Blvd & American General Way, Brent

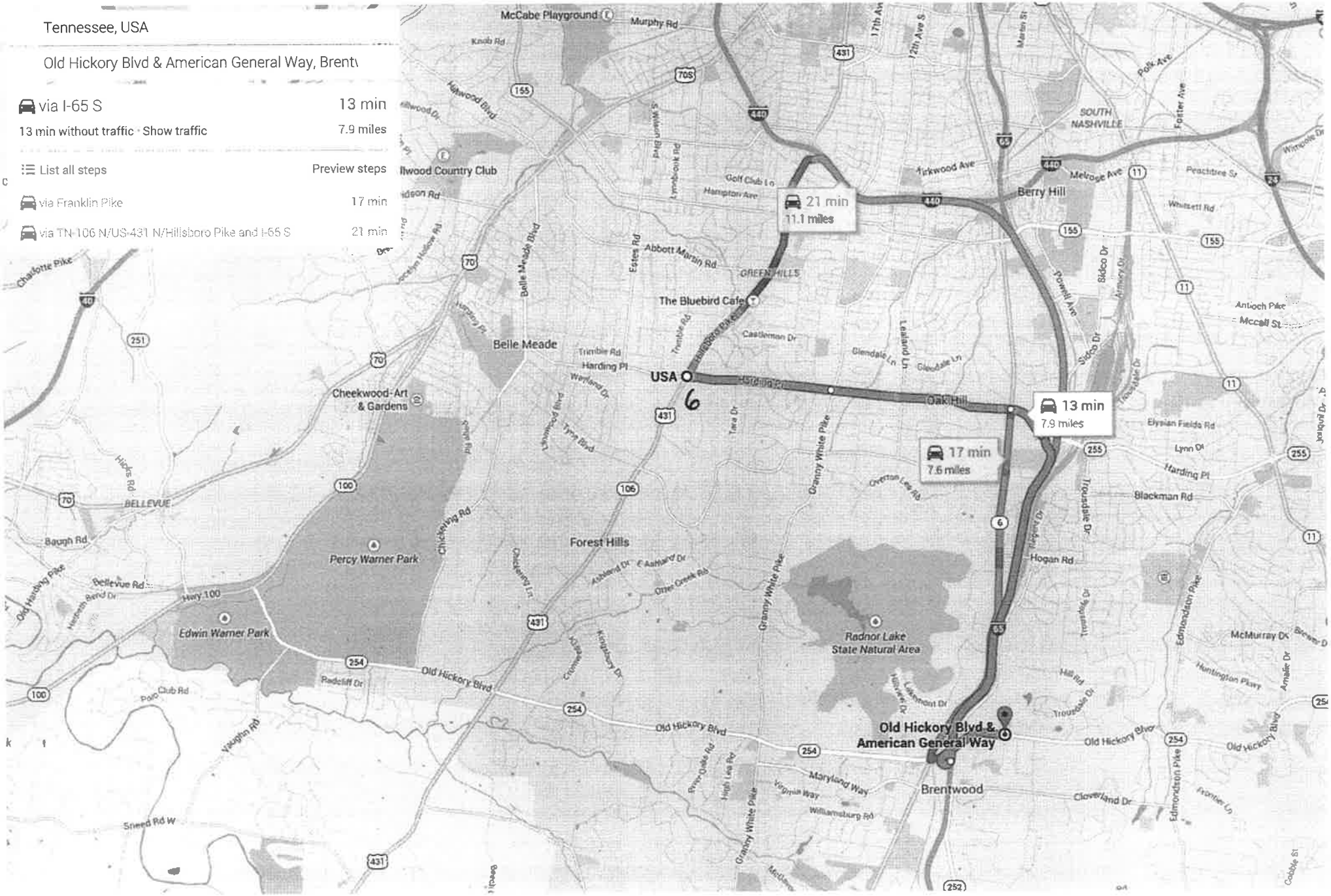
via I-65 S 13 min

13 min without traffic · Show traffic 7.9 miles

List all steps Preview steps

via Franklin Pike 17 min

via TN-106 N/US-431 N/Hillsboro Pike and I-65 S 21 min



Harding Pl & Trousdale Dr, Nashville, TN

Old Hickory Blvd & American General Way, Brent

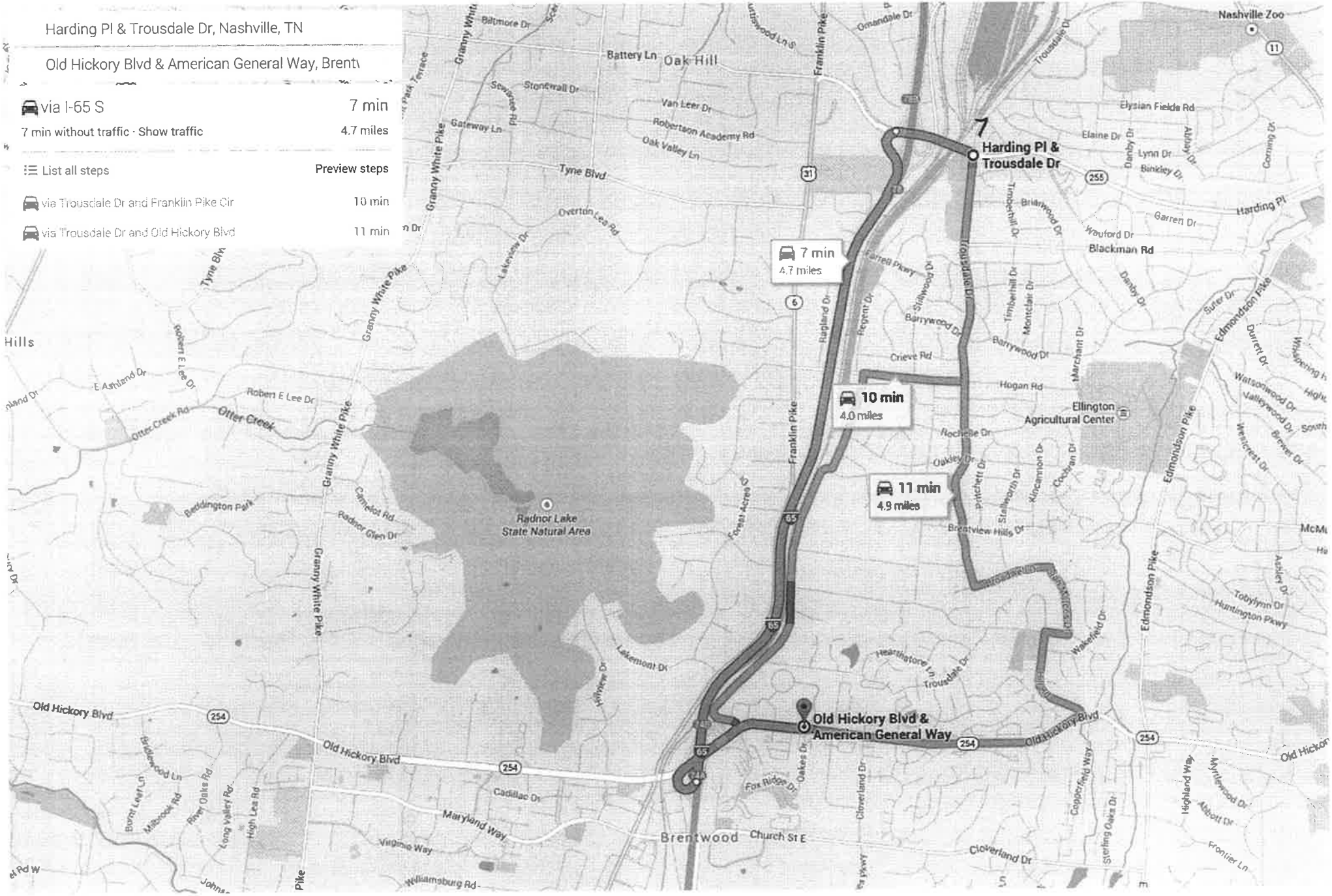
via I-65 S 7 min

7 min without traffic · Show traffic 4.7 miles

List all steps Preview steps

via Trousdale Dr and Franklin Pike Cir 10 min

via Trousdale Dr and Old Hickory Blvd 11 min



Nolensville Pike & Harding Pl, Nashville, TN

Old Hickory Blvd & American General Way, Brent\

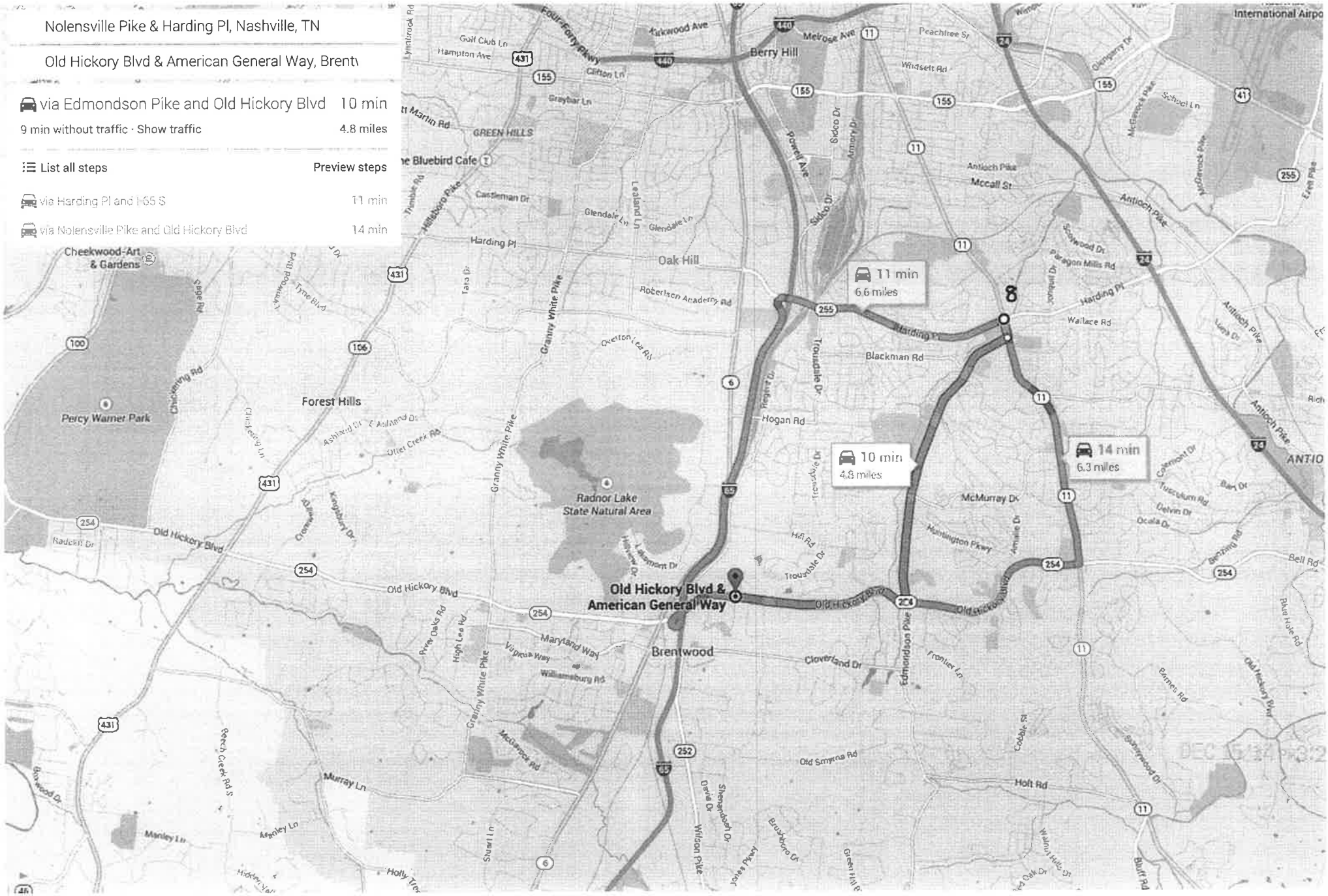
via Edmondson Pike and Old Hickory Blvd 10 min

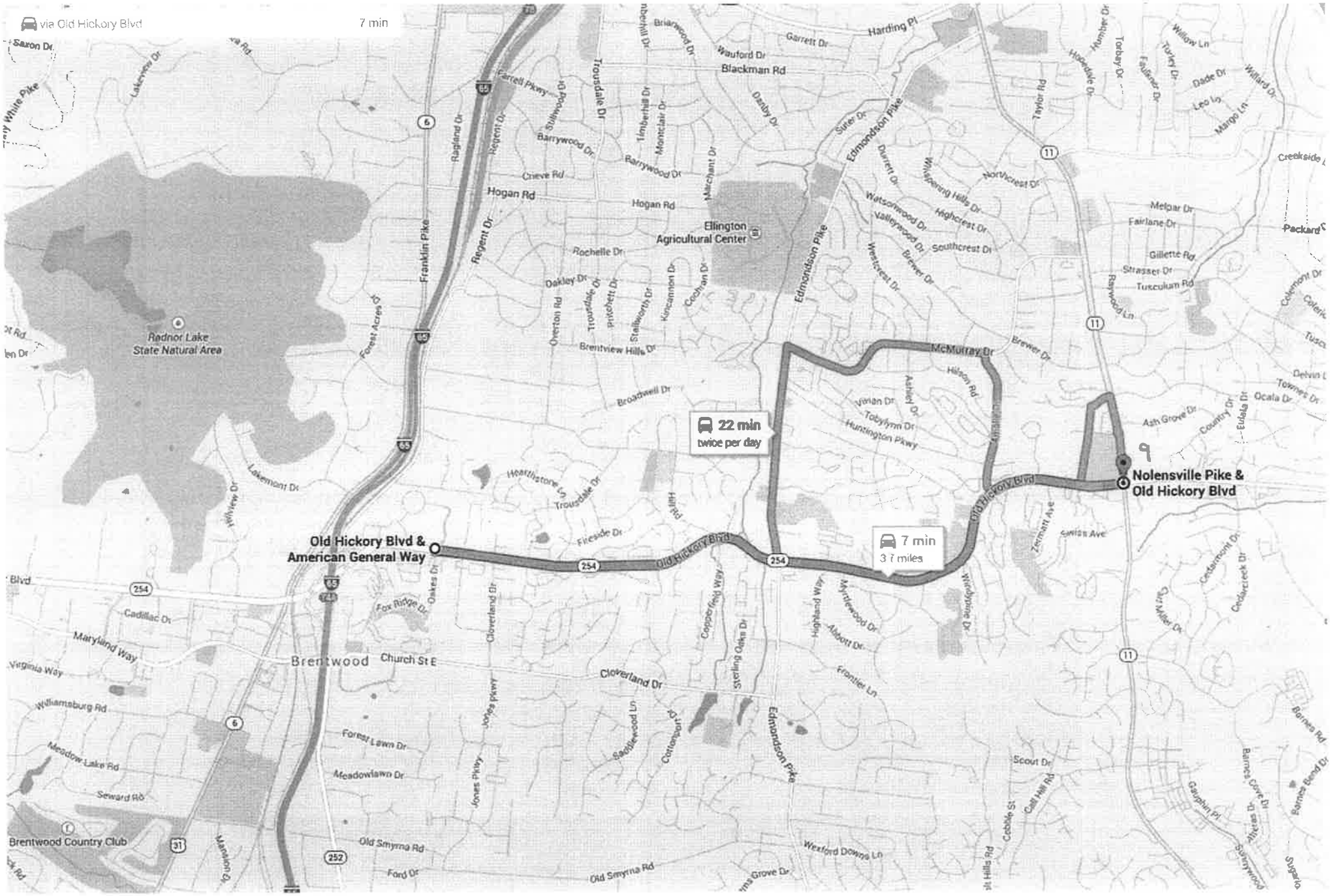
9 min without traffic · Show traffic 4.8 miles

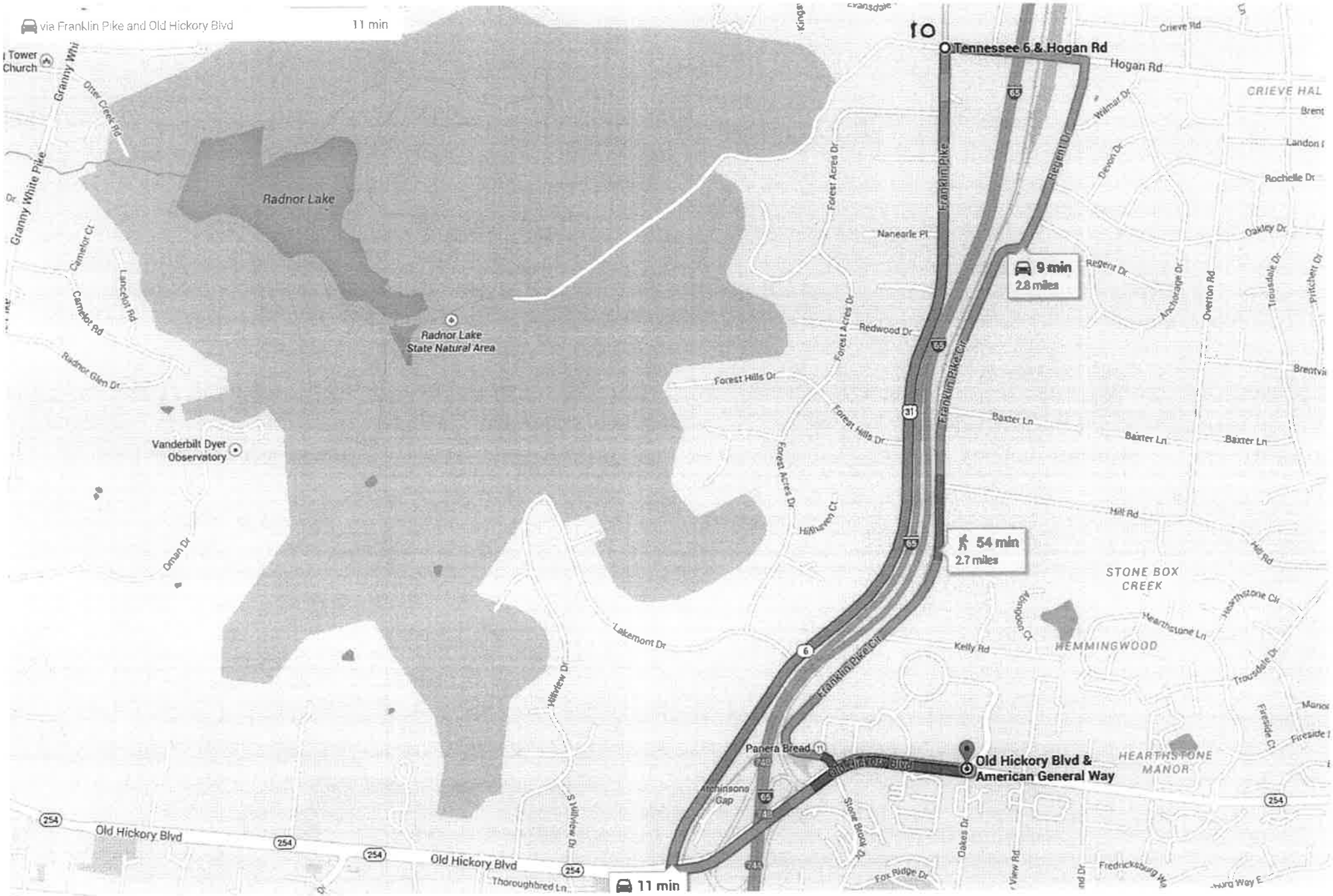
List all steps Preview steps

via Harding Pl and I-65 S 11 min

via Nolensville Pike and Old Hickory Blvd 14 min




via Old Hickory Blvd
7 min
22 min
twice per day
7 min
3.7 miles
Old Hickory Blvd &
American General Way
Nolensville Pike &
Old Hickory Blvd
Ellington
Agricultural Center
Radnor Lake
State Natural Area
Brentwood
Brentwood Country Club
Franklin Pike
Edmondson Pike
Old Hickory Blvd
McMurray Dr
Hogan Rd
Blackman Rd
Harding Pl
Church St E
Cloverland Dr
Old Smyrna Rd


via Franklin Pike and Old Hickory Blvd
11 min
Tennessee 6 & Hogan Rd
Hogan Rd
Crieve Rd
CRIEVE HAL
Radnor Lake
Radnor Lake State Natural Area
Vanderbilt Dyer Observatory
Granny White Pike
Otter Creek Rd
Cemetot Ct
Lancelot Rd
Camelot Rd
Radnor Glen Dr
Oman Dr
Forest Acres Dr
Nanearle Pl
Redwood Dr
Forest Hills Dr
Franklin Pike
Franklin Pike Cir
Regent Dr
Wilmar Dr
Devon Dr
Rochelle Dr
Oakley Dr
Anchorage Dr
Overton Rd
Trousdale Dr
Pritchett Dr
Brentvi
Baxter Ln
Hill Rd
Hillhaven Ct
Lakemont Dr
Kelly Rd
Abingdon Ct
STONE BOX CREEK
HEMMINGWOOD
Hearthstone Ln
Hearthstone Cir
Trousdale Dr
Fireside Ct
Fireside
Hillview Dr
S Hillview Dr
Panera Bread
Old Hickory Blvd
Old Hickory Blvd & American General Way
HEARTHSTONE MANOR
Atchinsons Gap
Stone Brook Dr
Oakes Dr
Fox Ridge Dr
Fredricksburg Way
Thoroughbred Ln
Old Hickory Blvd
Old Hickory Blvd
11 min
9 min
2.8 miles
54 min
2.7 miles

C, Economic Feasibility--1
Documentation of Construction Cost Estimate

William E. Hereford, III Principal
Thomas Dooley Senior Principal

HEREFORD·DOOLEY
ARCHITECTS

December 10, 2014

RE: Southern Hills Freestanding Emergency Department

To Whom It May Concern,

Hereford Dooley Architects, an architectural firm registered to practice in the state of Tennessee, has reviewed the cost data provided for the 10,813 square foot freestanding emergency department. The stated construction cost is $3,780,080.00. It is our opinion that the proposed construction cost appears to be reasonable for this project type and size and compares favorably with other completed projects similar to this type and size. The proposed site will require extensive site work.

This is a summary of the current building codes enforced for this project:

International Building Code (IBC)	2006
International Fuel and Gas Code (IFGC)	2006
International Plumbing Code (IPC)	2006
International Mechanical Code (IMC)	2006
National Electrical Code (NEC)	2005
NFPA 101 Life Safety Code	2006
North Carolina Handicap Accessibilities Act with 2004 Amendments	1999
Americans with Disabilities Act	2010
AIA Guidelines for Design and Construction of Healthcare Facilities	2010

(We will utilize the 2014 AIA Guidelines when adopted by the State of Tennessee)

Respectfully,
Hereford Dooley Architects

Thomas A. Dooley AIA
tom.dooley@hdarchitects.com
Senior Principal

C, Economic Feasibility--2
Documentation of Availability of Funding

TriStar Health

TriStarHealth.com

110 Winners Circle, First Floor
Brentwood, TN 37027
(615) 886-4900

December 12, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building, 9th Floor
500 Deaderick Street
Nashville, Tennessee 37243

RE: TriStar Southern Hills Medical Center
CON Application for Satellite Emergency Department

Dear Mrs. Hill:

TriStar Southern Hills Medical Center is applying for a Certificate of Need to develop a satellite Emergency Department in southern Davidson County on Old Hickory Boulevard near I-65, at the Brentwood exit.

As Chief Financial Officer of the TriStar Health System, the HCA Division Office to which this facility belongs, I am writing to confirm that HCA Holdings, Inc. will provide through TriStar the approximately $9,116,000 in capital costs required to implement this project. HCA Holdings, Inc.'s financial statements are provided in the application.

Sincerely,

C. Eric Lawson
Chief Financial Officer
TriStar Division of HCA

C, Economic Feasibility--10
Financial Statements

	8,036	91.0	7,879	93.4
Income before income taxes	800	9.0	555	6.6
Provision for income taxes	246	2.7	128	1.5
Net income	554	6.3	427	5.1
Net income attributable to noncontrolling interests	130	1.5	113	1.4
Net income attributable to HCA Holdings, Inc.	$424	4.8	$314	3.7
Diluted earnings per share	$0.92		$0.68	
Shares used in computing diluted earnings per share (000)	458,535		461,131	
Comprehensive income attributable to HCA Holdings, Inc.	$541		$297	

HCA Holdings, Inc.
Condensed Consolidated Comprehensive Income Statements
For the Years Ended December 31, 2013 and 2012
(Dollars in millions, except per share amounts)

	2013		2012	
	Amount	Ratio	Amount	Ratio
Revenues before provision for doubtful accounts	$38,040		$36,783	
Provision for doubtful accounts	3,858		3,770	
Revenues	34,182	100.0%	33,013	100.0%
Salaries and benefits	15,646	45.8	15,089	45.7
Supplies	5,970	17.5	5,717	17.3
Other operating expenses	6,237	18.2	6,048	18.3
Electronic health record incentive income	(216)	(0.6)	(336)	(1.0)
Equity in earnings of affiliates	(29)	(0.1)	(36)	(0.1)
Depreciation and amortization	1,753	5.1	1,679	5.1
Interest expense	1,848	5.4	1,798	5.4
Losses (gains) on sales of facilities	10	-	(15)	-
Loss on retirement of debt	17	0.1	-	-
Legal claim costs	-	-	175	0.5
	31,236	91.4	30,119	91.2
Income before income taxes	2,946	8.6	2,894	8.8
Provision for income taxes	950	2.8	888	2.7
Net income	1,996	5.8	2,006	6.1
Net income attributable to noncontrolling interests	440	1.2	401	1.2
Net income attributable to HCA Holdings, Inc.	$1,556	4.6	$1,605	4.9
Diluted earnings per share	$3.37		$3.49	
Shares used in computing diluted earnings per share (000)	461,913		459,403	
Comprehensive income attributable to HCA Holdings, Inc.	$1,756		$1,588	

HCA Holdings, Inc.
Supplemental Non-GAAP Disclosures
Operating Results Summary
(Dollars in millions, except per share amounts)

For the Years

	Fourth Quarter Ended December 31,			
	2013	2012	2013	2012
Revenues	**$8,836**	$8,434	**$34,182**	$33,013
Net income attributable to HCA Holdings, Inc.	**$424**	$314	**$1,556**	$1,605
Losses (gains) on sales of facilities (net of tax)	**(2)**	(6)	**7**	(9)
Loss on retirement of debt (net of tax)	**-**	-	**11**	-
Legal claim costs (net of tax)	**-**	110	**-**	110
Net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs (a)	**422**	418	**1,574**	1,706
Depreciation and amortization	**461**	425	**1,753**	1,679
Interest expense	**456**	462	**1,848**	1,798
Provision for income taxes	**245**	188	**959**	947
Net income attributable to noncontrolling interests	**130**	113	**440**	401
Adjusted EBITDA (a)	**$1,714**	$1,606	**$6,574**	$6,531
Diluted earnings per share:				
Net income attributable to HCA Holdings, Inc.	**$0.92**	$0.68	**$3.37**	$3.49
Losses (gains) on sales of facilities	**-**	(0.01)	**0.02**	(0.02)
Loss on retirement of debt	**-**	-	**0.02**	-
Legal claim costs	**-**	0.24	**-**	0.24
Net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs (a)	**$0.92**	$0.91	**$3.41**	$3.71
Shares used in computing diluted earnings per share (000)	**458,535**	461,131	**461,913**	459,403

(a) Net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs, and Adjusted EBITDA should not be considered as measures of financial performance under generally accepted accounting principles ("GAAP"). We believe net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs, and Adjusted EBITDA are important measures that supplement discussions and analysis of our results of operations. We believe it is useful to investors to provide disclosures of our results of operations on the same basis used by management. Management relies upon net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs, and Adjusted EBITDA as the primary measures to review and assess operating performance of its hospital facilities and their management teams.

Management and investors review both the overall performance (including:net income attributable to HCA Holdings)(including:Inc.)(including:excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs, and GAAP net income attributable to HCA Holdings, Inc.) and operating performance (Adjusted EBITDA) of our health care facilities. Adjusted EBITDA and the Adjusted EBITDA margin (Adjusted EBITDA divided by revenues) are utilized by management and investors to compare our current operating results with the corresponding periods during the previous year and to compare our operating results with other companies in the health care industry. It is reasonable to expect that losses (gains) on sales of facilities and losses on retirement of debt will occur in future periods, but the amounts recognized can vary significantly from period to period, do not directly relate to the ongoing operations of our health care facilities and complicate period comparisons of our results of operations and operations comparisons with other health care companies.

Net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs, and Adjusted EBITDA are not measures of financial performance under GAAP and should not be considered as alternatives to net income attributable to HCA Holdings, Inc. as a measure of operating performance or cash flows from operating, investing and financing activities as a measure of liquidity. Because net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs, and Adjusted EBITDA are not measurements determined in accordance with GAAP and are susceptible to varying calculations, net income attributable to HCA Holdings, Inc., excluding losses (gains) on sales of facilities, loss on retirement of debt and legal claim costs, and Adjusted EBITDA, as presented, may not be comparable to other similarly titled measures presented by other companies.

HCA Holdings, Inc.
Condensed Consolidated Balance Sheets

(Dollars in millions)

	December 31, 2013	September 30, 2013	December 31, 2012
ASSETS			
Current assets:			
Cash and cash equivalents	**$414**	$484	$705
Accounts receivable, net	**5,208**	4,924	4,672
Inventories	**1,179**	1,135	1,086
Deferred income taxes	**489**	400	385
Other	**747**	828	915
Total current assets	**8,037**	7,771	7,763
Property and equipment, at cost	**31,073**	30,472	29,527
Accumulated depreciation	**(17,454)**	(17,150)	(16,342)
	13,619	13,322	13,185
Investments of insurance subsidiaries	**448**	402	515
Investments in and advances to affiliates	**121**	125	104
Goodwill and other intangible assets	**5,903**	5,832	5,539
Deferred loan costs	**237**	250	290
Other	**466**	691	679
	$28,831	$28,393	$28,075
LIABILITIES AND STOCKHOLDERS' DEFICIT			
Current liabilities:			
Accounts payable	**$1,803**	$1,582	$1,768
Accrued salaries	**1,193**	1,085	1,120
Other accrued expenses	**1,913**	1,764	1,849
Long-term debt due within one year	**786**	988	1,435
Total current liabilities	**5,695**	5,419	6,172
Long-term debt	**27,590**	27,389	27,495
Professional liability risks	**949**	959	973
Income taxes and other liabilities	**1,525**	1,670	1,776
EQUITY (DEFICIT)			
Stockholders' deficit attributable to HCA Holdings, Inc.	**(8,270)**	(8,376)	(9,660)
Noncontrolling interests	**1,342**	1,332	1,319
Total deficit	**(6,928)**	(7,044)	(8,341)
	$28,831	$28,393	$28,075

HCA Holdings, Inc.
Condensed Consolidated Statements of Cash Flows
For the Years Ended December 31, 2013 and 2012
(Dollars in millions)

	2013	2012
Cash flows from operating activities:		
Net income	**$1,996**	$2,006
Adjustments to reconcile net income to net cash provided by operating activities:		
Changes in operating assets and liabilities	**(4,272)**	(3,663)
Provision for doubtful accounts	**3,858**	3,770
Depreciation and amortization	**1,753**	1,679
Income taxes	**143**	96
Losses (gains) on sales of facilities	**10**	(15)
Loss on retirement of debt	**17**	-
Legal claim costs	**-**	175
Amortization of deferred loan costs	**55**	62

FINANCIAL STATEMENT REPORTS
SOUTHERN HILLS MEDICAL CENTER
FINANCIAL STATEMENT 042013
AS OF 12/31/13

BALANCE SHEET
ASSETS

CURRENT MONTH BEGIN	CURRENT MONTH CHANGE	CURRENT MONTH ENDING		YEAR TO DATE ENDING	YEAR TO DATE CHANGE	YEAR TO DATE BEGIN
			CURRENT ASSETS-			
6,975	63	7,038	CASH & CASH EQUIVALENTS	7,038	250,679	243,641-
			MARKETABLE SECURITIES			
			PATIENT ACCOUNTS RECEIVABLES			
35,568,284	1,200,706	36,768,990	PATIENT RECEIVABLES	36,768,990	4,647,550	32,121,440
			LESS ALLOW FOR GOVT RECEIVABL			
21,918,902-	170,870	21,748,032-	LESS ALLOWS - BAD DEBT	21,748,032-	1,876,308-	19,871,724-
13,649,382	1,371,576	15,020,958	NET PATIENT RECEIVABLES	15,020,958	2,771,242	12,249,716
			FINAL SETTLMENTS			
67,982	22,737	90,719	DUE TO/FROM GOVT PROGRAMS	90,719	387,504	296,785-
			ALLOWS DUE GOVT PROGRAMS			
67,982	22,737	90,719	NET FINAL SETTLEMENTS	90,719	387,504	296,785-
13,717,364	1,394,313	15,111,677	NET ACCOUNTS RECEIVABLES	15,111,677	3,158,746	11,952,931
3,692,779	16,339	3,709,118	INVENTORIES	3,709,118	28,408	3,680,710
235,649	113,811-	121,838	PREPAID EXPENSES	121,838	883,187-	1,005,025
72,830	1,245-	71,585	OTHER RECEIVABLES	71,585	57,996	13,589
17,725,597	1,295,659	19,021,256	TOTAL CURRENT ASSETS	19,021,256	2,612,642	16,408,614
			PROPERTY, PLANT & EQUIPMENT			
2,270,253		2,270,253	LAND	2,270,253		2,270,253
34,185,594		34,185,594	BLDGS AND IMPROVEMENTS	34,185,594	208,882	33,976,712
54,424,991	268,495	54,693,486	EQUIPMENT - OWNED	54,693,486	1,754,507	52,938,979
1,221,753		1,221,753	EQUIPMENT - CAPITAL LEASES	1,221,753		1,221,753
2,914,504	26,609	2,941,113	CONSTRUCTION IN PROGRESS	2,941,113	2,468,624	472,489
95,017,095	295,104	95,312,199	GROSS PP&E	95,312,199	4,432,013	90,880,186
64,652,239-	358,417-	65,010,656-	LESS ACCUMULATED DEPRECIATION	65,010,656-	3,392,024-	61,618,632-
30,364,856	63,313-	30,301,543	NET PP&E	30,301,543	1,039,989	29,261,554
			OTHER ASSETS			
			INVESTMENTS			
			NOTES RECEIVABLE			
14,241,539		14,241,539	INTANGIBLE ASSETS - NET	14,241,539		14,241,539
			INVESTMENT IN SUBSIDIARIES			
			OTHER ASSETS			
14,241,539		14,241,539	TOTAL OTHER ASSETS	14,241,539		14,241,539
62,331,992	1,232,346	63,564,338	GRAND TOTAL ASSETS	63,564,338	3,652,631	59,911,707

FINANCIAL STATEMENT REPORTS
SOUTHERN HILLS MEDICAL CENTER
FINANCIAL STATEMENT
AS OF 12/31/13

BALANCE SHEET
LIABILITIES AND EQUITY

CURRENT MONTH BEGIN	CURRENT MONTH CHANGE	CURRENT MONTH ENDING		YEAR TO DATE ENDING	YEAR TO DATE CHANGE	YEAR TO DATE BEGIN
			CURRENT LIABILITIES-			
1,989,717	196,047	2,185,764	ACCOUNTS PAYABLE	2,185,764	612,769-	2,798,533
2,649,420	299,853	2,949,273	ACCRUED SALARIES	2,949,273	301,420	2,647,853
977,354	56,348-	921,006	ACCRUED EXPENSES	921,006	20,227-	941,233
			ACCRUED INTEREST			
			DISTRIBUTIONS PAYABLE			
232,185	1,108	233,293	CURR PORT-LONG TERM DEBT	233,293	12,964	220,329
12,758	5,298-	7,460	OTHR CURRENT LIABILITIES	7,460	851	6,609
			INCOME TAXES PAYABLE			
5,861,434	435,362	6,296,796	TOTAL CURRENT LIABILITIES	6,296,796	317,761-	6,614,557
			LONG TERM DEBT-			
479,778	19,955-	459,823	CAPITALIZED LEASES	459,823	233,294-	693,117
40,919,017	569,507-	40,349,510	INTERCOMPANY DEBT	40,349,510	1,831,285	38,518,225
			OTHER LONG TERM DEBTS			
41,398,795	589,462-	40,809,333	TOTAL LONG TERM DEBTS	40,809,333	1,597,991	39,211,342
			DEFERRED CREDITS AND OTHER LIAB			
			PROFESSIONAL LIABBILITY RISK			
			DEFERRED INCOME TAXES			
65,793	143-	65,650	LONG-TERM OBLIGATIONS	65,650	6,122-	71,772
65,793	143-	65,650	TOTAL OTHER LIAB. & DEF.	65,650	6,122-	71,772
			EQUITY			
			COMMON STOCK - PAR VALUE			
26,423,339		26,423,339	CAPITAL IN EXCESS OF PAR VALU	26,423,339		26,423,339
14,757,100-		14,757,100-	RETAINED EARNINGS - START OF	14,757,100-	2,347,797-	12,409,303-
3,339,731	1,386,589	4,726,320	NET INCOME - CURRENT YEAR	4,726,320	4,726,320	
			DISTRIBUTIONS			
			OTHER EQUITY			
15,005,970	1,386,589	16,392,559	TOTAL EQUITY	16,392,559	2,378,523	14,014,036
62,331,992	1,232,346	63,564,338	TOTAL LIABILITIES AND EQU	63,564,338	3,652,631	59,911,707

FINANCIAL STATEMENT REPORTS
SOUTHERN HILLS MEDICAL CENTER
MONTHLY OPERATING STATEMENTS
FOR PERIODS ENDING 12/31/13

SUMMARY P & L STATEMENT

CURRENT MONTH LAST YEAR	CURRENT MONTH BUDGET	CURRENT MONTH THIS YEAR		YEAR TO DATE THIS YEAR	YEAR TO DATE BUDGET	YEAR TO DATE LAST YEAR
			REVENUES			
1,711,551	1,789,448	2,386,653	ROUTINE	22,816,825	20,035,311	18,539,526
13,096,038	14,708,592	16,979,313	INPATIENT ANCILLARY	176,654,993	157,587,562	145,855,589
14,807,589	16,498,040	19,365,966	TOTAL INPATIENT REVENUE	199,471,818	177,622,873	164,395,115
21,512,655	23,830,654	26,254,025	OUTPATIENT ANCILLARY	284,722,577	261,996,787	240,521,224
36,320,244	40,328,694	45,619,991	TOTAL PATIENT REVENUE	484,194,395	439,619,660	404,916,339
20,797	17,755	18,867	OTHER OPERATING INCOME	285,798	278,263	311,433
36,341,041	40,346,449	45,638,858	TOTAL REVENUES	484,480,193	439,897,923	405,227,772
			REVENUE DEDUCTIONS			
7,138,821	8,794,865	8,944,630	MEDICARE CY CONTRACTUALS	96,231,712	92,974,681	83,449,019
66,064	80,935	66,489	MEDICAID CY CONTRACTUALS	734,377	894,963	836,037
373,803	349,152	271,503	CHAMPUS CY CONTRACTUALS	3,258,202	3,824,330	3,559,959
550,579-		32,873-	PRIOR YEAR CONTRACTUALS	1,050,707-	545,982-	820,100-
15,157,721	17,534,220	19,425,161	HMO/PPO DISCOUNTS	216,605,548	188,866,989	172,076,775
527,492	356,937	113,662	CHARITY	3,784,825	3,957,290	3,225,014
5,848,341	4,496,503	7,034,791	OTHER DEDUCTIONS	58,091,537	48,192,342	43,740,919
225,153-	955,698	624,270	BAD DEBTS	13,356,967	13,440,855	11,549,103
28,336,510	32,568,310	36,447,633	TOTAL REVENUE DEDUCTIONS	391,012,461	351,605,468	317,616,726
8,004,531	7,778,139	9,191,225	TOTAL NET REVENUE	93,467,732	88,292,455	87,611,046
			OPERATING COSTS			
2,334,835	2,461,326	2,701,767	SALARIES AND WAGES	29,248,007	28,323,782	27,423,158
85,067	64,155	131,561	CONTRACT LABOR	1,511,467	760,519	936,015
584,554	492,117	467,852	EMPLOYEE BENEFITS	7,341,718	7,540,187	7,545,837
1,061,689	1,205,362	1,508,006	SUPPLIES	16,592,366	13,826,684	13,961,059
124,325	129,230	123,772	PROFESSIONAL FEES	1,462,338	1,535,645	1,519,507
983,340	914,879	1,045,805	CONTRACT SERVICES	11,369,725	11,051,695	11,515,577
283,262	255,815	288,907	REPAIRS AND MAINTENANCE	3,089,622	3,050,135	3,033,988
122,731	107,626	150,142	RENTS AND LEASES	1,580,044	1,322,892	1,349,649
125,056	131,821	110,228	UTILITIES	1,498,734	1,581,850	1,524,774
12,663-	62,971-	21,896-	INSURANCE	624,486	583,411	438,304
			INVESTMENT INCOME			
65,110	63,897	71,383-	TAXES-NON INCOME	747,581	766,764	767,979
198,363	155,296	154,199	OTHER OPERATING EXPENSES	1,415,821	1,525,094	1,737,611
5,955,669	5,918,553	6,588,960	TOTAL OPERATING EXPENSES	76,481,909	71,868,658	71,753,458
2,048,862	1,859,586	2,602,265	EBDIT	16,985,823	16,423,797	15,857,588
			CAPITAL AND OTHER COSTS			
322,132	343,227	363,250	DEPRECIATION	3,977,383	4,118,724	3,927,013
			AMORTIZATION			
			OTHER NON-OPERATING EXPENSE			
183,367	194,594	183,036	INTEREST EXPENSE	2,194,309	2,332,187	2,255,778
942,032-	662,608	669,390	MGMT FEES AND MARKUP COST	6,087,811	7,974,202	4,974,415
			MINORITY INTEREST			
436,533-	1,200,429	1,215,676	TOTAL CAPITAL AND OTHER	12,259,503	14,425,113	11,157,206
2,485,395	659,157	1,386,589	PRETAX INCOME	4,726,320	1,998,684	4,700,382
			TAXES ON INCOME			
			FEDERAL INCOME TAXES			
			STATE INCOME TAXES			
			TOTAL TAXES ON INCOME			
2,485,395	659,157	1,386,589	NET INCOME	4,726,320	1,998,684	4,700,382

FINANCIAL STATEMENT REPORTS
SOUTHERN HILLS MEDICAL CENTER
FINANCIAL STATEMENT
AS OF 11/30/14 YTD CY 2014 JAN - Nov 11 Mos

BALANCE SHEET
ASSETS

CURRENT MONTH BEGIN	CURRENT MONTH CHANGE	CURRENT MONTH ENDING		YEAR TO DATE ENDING	YEAR TO DATE CHANGE	YEAR TO DATE BEGIN
			CURRENT ASSETS-			
3,985	6,561	10,546	CASH & CASH EQUIVALENTS	10,546	3,508	7,038
			MARKETABLE SECURITIES			
			PATIENT ACCOUNTS RECEIVABLES			
39,824,061	195,155-	39,628,906	PATIENT RECEIVABLES	39,628,906	2,859,916	36,768,990
			LESS ALLOW FOR GOVT RECEIVABL			
24,541,945-	568,891-	25,110,836-	LESS ALLOWS - BAD DEBT	25,110,836-	3,362,804-	21,748,032-
15,282,116	764,046-	14,518,070	NET PATIENT RECEIVABLES	14,518,070	502,888-	15,020,958
			FINAL SETTLMENTS			
107,051-	25,617	81,434-	DUE TO/FROM GOVT PROGRAMS	81,434-	172,153-	90,719
			ALLOWS DUE GOVT PROGRAMS			
107,051-	25,617	81,434-	NET FINAL SETTLEMENTS	81,434-	172,153-	90,719
15,175,065	738,429-	14,436,636	NET ACCOUNTS RECEIVABLES	14,436,636	675,041-	15,111,677
4,221,799	1,230-	4,220,569	INVENTORIES	4,220,569	511,451	3,709,118
220,747	55,339-	165,408	PREPAID EXPENSES	165,408	43,570	121,838
24,993	5,726-	19,267	OTHER RECEIVABLES	19,267	52,318-	71,585
19,646,589	794,163-	18,852,426	TOTAL CURRENT ASSETS	18,852,426	168,830-	19,021,256
			PROPERTY, PLANT & EQUIPMENT			
2,270,253		2,270,253	LAND	2,270,253		2,270,253
34,968,272		34,968,272	BLDGS AND IMPROVEMENTS	34,968,272	782,678	34,185,594
59,233,672	487,784-	58,745,888	EQUIPMENT - OWNED	58,745,888	4,052,402	54,693,486
1,638,621		1,638,621	EQUIPMENT - CAPITAL LEASES	1,638,621	416,868	1,221,753
8,893	113,722	122,615	CONSTRUCTION IN PROGRESS	122,615	2,818,498-	2,941,113
98,119,711	374,062-	97,745,649	GROSS PP&E	97,745,649	2,433,450	95,312,199
68,338,446-	329,895-	68,668,341-	LESS ACCUMULATED DEPRECIATION	68,668,341-	3,657,685-	65,010,656-
29,781,265	703,957-	29,077,308	NET PP&E	29,077,308	1,224,235-	30,301,543
			OTHER ASSETS			
			INVESTMENTS			
			NOTES RECEIVABLE			
14,241,539		14,241,539	INTANGIBLE ASSETS - NET	14,241,539		14,241,539
			INVESTMENT IN SUBSIDIARIES			
			OTHER ASSETS			
14,241,539		14,241,539	TOTAL OTHER ASSETS	14,241,539		14,241,539
63,669,393	1,498,120-	62,171,273	GRAND TOTAL ASSETS	62,171,273	1,393,065-	63,564,338

FINANCIAL STATEMENT REPORTS
SOUTHERN HILLS MEDICAL CENTER
FINANCIAL STATEMENT
AS OF 11/30/14

BALANCE SHEET
LIABILITIES AND EQUITY

CURRENT MONTH BEGIN	CURRENT MONTH CHANGE	CURRENT MONTH ENDING		YEAR TO DATE ENDING	YEAR TO DATE CHANGE	YEAR TO DATE BEGIN
			CURRENT LIABILITIES-			
2,446,499	507,649-	1,938,850	ACCOUNTS PAYABLE	1,938,850	246,917-	2,185,767
2,773,035	19,121	2,792,156	ACCRUED SALARIES	2,792,156	157,117-	2,949,273
811,218	67,347	878,565	ACCRUED EXPENSES	878,565	42,441-	921,006
			ACCRUED INTEREST			
			DISTRIBUTIONS PAYABLE			
314,870	5,251-	309,619	CURR PORT-LONG TERM DEBT	309,619	76,326	233,293
16,005	398-	15,607	OTHR CURRENT LIABILITIES	15,607	8,147	7,460
			INCOME TAXES PAYABLE			
6,361,627	426,830-	5,934,797	TOTAL CURRENT LIABILITIES	5,934,797	362,002-	6,296,799
			LONG TERM DEBT-			
601,635	21,029-	580,606	CAPITALIZED LEASES	580,606	120,783	459,823
38,971,823	2,352,916-	36,618,907	INTERCOMPANY DEBT	36,618,907	3,730,603-	40,349,510
			OTHER LONG TERM DEBTS			
39,573,458	2,373,945-	37,199,513	TOTAL LONG TERM DEBTS	37,199,513	3,609,820-	40,809,333
			DEFERRED CREDITS AND OTHER LIAB			
			PROFESSIONAL LIABBILITY RISK			
			DEFERRED INCOME TAXES			
66,119	489	66,608	LONG-TERM OBLIGATIONS	66,608	958	65,650
66,119	489	66,608	TOTAL OTHER LIAB. & DEF.	66,608	958	65,650
			EQUITY			
			COMMON STOCK - PAR VALUE			
26,423,339		26,423,339	CAPITAL IN EXCESS OF PAR VALU	26,423,339		26,423,339
12,210,122-		12,210,122-	RETAINED EARNINGS - START OF	12,210,122-	2,179,339-	10,030,783-
3,454,972	1,302,166	4,757,138	NET INCOME - CURRENT YEAR	4,757,138	4,757,138	
			DISTRIBUTIONS			
			OTHER EQUITY			
17,668,189	1,302,166	18,970,355	TOTAL EQUITY	18,970,355	2,577,799	16,392,556
63,669,393	1,498,120-	62,171,273	TOTAL LIABILITIES AND EQU	62,171,273	1,393,065-	63,564,338

FINANCIAL STATEMENT REPORTS
SOUTHERN HILLS MEDICAL CENTER
MONTHLY OPERATING STATEMENTS
FOR PERIODS ENDING 11/30/14

SUMMARY P & L STATEMENT

CURRENT MONTH LAST YEAR	CURRENT MONTH BUDGET	CURRENT MONTH THIS YEAR		YEAR TO DATE THIS YEAR	YEAR TO DATE BUDGET	YEAR TO DATE LAST YEAR
			REVENUES			
1,935,689	2,062,540	2,338,360	ROUTINE	24,732,593	22,495,321	20,430,172
14,868,069	15,398,809	15,393,752	INPATIENT ANCILLARY	178,919,604	177,826,828	159,675,680
16,803,758	17,461,349	17,732,112	TOTAL INPATIENT REVENUE	203,652,197	200,322,149	180,105,852
24,120,605	26,326,820	25,776,666	OUTPATIENT ANCILLARY	286,900,675	281,284,638	258,468,552
40,924,363	43,788,169	43,508,778	TOTAL PATIENT REVENUE	490,552,872	481,606,787	438,574,404
20,514	21,027	21,010	OTHER OPERATING INCOME	288,751	273,603	266,931
40,944,877	43,809,196	43,529,788	TOTAL REVENUES	490,841,623	481,880,390	438,841,335
			REVENUE DEDUCTIONS			
7,372,734	8,551,954	7,905,981	MEDICARE CY CONTRACTUALS	94,680,494	97,469,468	87,287,082
32,348	92,528	80,893	MEDICAID CY CONTRACTUALS	1,269,605	828,249	667,888
223,676	255,759	290,337	CHAMPUS CY CONTRACTUALS	2,487,273	3,209,264	2,986,699
33,361-	33,361-	123,481-	PRIOR YEAR CONTRACTUALS	1,218,301-	1,017,834-	1,017,834-
19,670,484	20,820,600	20,670,455	HMO/PPO DISCOUNTS	223,202,215	218,111,730	197,180,387
269,452	350,305	554,511	CHARITY	3,525,189	3,852,854	3,671,163
4,588,324	4,613,810	4,689,460	OTHER DEDUCTIONS	59,121,821	54,574,677	51,056,746
873,652	1,037,812	1,784,916	BAD DEBTS	16,846,728	15,919,091	12,732,697
32,997,309	35,689,407	35,853,072	TOTAL REVENUE DEDUCTIONS	399,915,024	392,947,499	354,564,828
7,947,568	8,119,789	7,676,716	TOTAL NET REVENUE	90,926,599	88,932,891	84,276,507
			OPERATING COSTS			
2,532,791	2,668,978	2,422,351	SALARIES AND WAGES	28,132,577	27,494,868	26,546,240
103,994	124,946	198,947	CONTRACT LABOR	1,739,126	1,374,406	1,379,906
668,716	705,427	621,893	EMPLOYEE BENEFITS	7,690,068	7,338,847	6,873,866
1,246,193	1,432,770	1,144,837	SUPPLIES	15,097,741	15,721,638	15,084,360
113,016	140,210	133,131	PROFESSIONAL FEES	1,622,655	1,540,803	1,338,566
963,323	951,777	1,057,687	CONTRACT SERVICES	11,176,007	10,615,747	10,323,920
364,030	252,909	320,426	REPAIRS AND MAINTENANCE	2,875,177	2,786,779	2,800,715
145,860	123,018	135,660	RENTS AND LEASES	1,649,672	1,358,793	1,429,902
128,027	134,451	113,996	UTILITIES	1,481,250	1,478,969	1,388,506
58,762	60,562	60,562	INSURANCE	666,182	666,182	646,382
			INVESTMENT INCOME			
75,829	75,829	65,975	TAXES-NON INCOME	697,594	834,119	818,964
133,792	112,554	177,486	OTHER OPERATING EXPENSES	1,460,664	1,363,831	1,261,622
6,534,333	6,783,431	6,452,951	TOTAL OPERATING EXPENSES	74,288,713	72,574,982	69,892,949
1,413,235	1,336,358	1,223,765	EBDIT	16,637,886	16,357,909	14,383,558
			CAPITAL AND OTHER COSTS			
354,768	324,033	334,675	DEPRECIATION	3,886,217	3,564,819	3,614,133
			AMORTIZATION			
			OTHER NON-OPERATING EXPENSE			
188,189	187,268	172,876	INTEREST EXPENSE	2,011,880	2,059,948	2,011,273
1,253,240-	658,253	585,952-	MGMT FEES AND MARKUP COST	5,982,651	7,252,249	5,418,421
			MINORITY INTEREST			
710,283-	1,169,554	78,401-	TOTAL CAPITAL AND OTHER	11,880,748	12,877,016	11,043,827
2,123,518	166,804	1,302,166	PRETAX INCOME	4,757,138	3,480,893	3,339,731
			TAXES ON INCOME			
			FEDERAL INCOME TAXES			
			STATE INCOME TAXES			
			TOTAL TAXES ON INCOME			
2,123,518	166,804	1,302,166	NET INCOME	4,757,138	3,480,893	3,339,731

C, Orderly Development--7(C)
Licensing & Accreditation Inspections

Victor hand-delivered
to Elisa Stephens on
9-14-06.

RECEIVED
SEP 14 2006
SHMC ADMINISTRATION

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
MIDDLE TENNESSEE REGIONAL OFFICE
710 HART LANE, 1ST FLOOR
NASHVILLE, TENNESSEE 37247-0530
PHONE (615) 650-7100
FAX (615) 650-7101

September 12, 2006

Victor E. Giovanetti, Administrator
Southern Hills Medical Center
391 Wallace Rd
Nashville, TN 37211

Dear Mr. Giovanetti:

Enclosed is the statement of deficiencies developed as a result of the state licensure survey completed on September 6, 2006 at Southern Hills Medical Center.

Please provide us with documentation to describe how and when these deficiencies will be corrected. This information should be received in our office within ten (10) calendar days after receipt of this letter. We are requesting that you assure correction of the cited deficiencies no later than sixty (60) days from the date of the survey. A follow-up visit may be conducted, if your allegation of correction is reasonable and convincing. Failure to provide an acceptable plan of correction could result in a referral to the Board of Licensing Health Care Facilities for whatever action they deem appropriate.

In order for your Plan of Correction (PoC) to be acceptable, it should address the following:

1. How you will correct the deficiency;
2. Who will be responsible for correcting the deficiency;
3. The date the deficiency will be corrected; and
4. How you will prevent the same deficiency from happening again.

Should you have any questions, or if there is any way this office may be of assistance, please do not hesitate to call.

Sincerely,

Nina Monroe

Nina Monroe, Regional Administrator
Middle Tennessee Regional Office

Enclosure
NM/dv

PRINTED: 09/11/2006
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	TNP53121		09/06/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN HILLS MEDICAL CTR	301 WALLACE RD NASHVILLE, TN 37211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 682	1200-8-1-.06 (4)(k) Basic Hospital Functions (4) Nursing Services. (k) All orders for drugs, devices and related materials must be in writing and signed by the practitioner or practitioners responsible for the care of the patient. Electronic and computer-generated records and signature entries are acceptable. When telephone or oral orders must be used, they must be: 1. Accepted only by personnel that are authorized to do so by the medical staff policies and procedures, consistent with federal and state law; and, 2. Signed or initialed by the prescribing practitioner according to hospital policy. This Statute is not met as evidenced by: Based on record review, interview, and policy review, the facility failed to get verbal orders signed by the prescribing practitioner for two patients (#19 and #26) of forty reviewed. The Findings included: Medical record review on September 6, 2006, revealed Patient #19 was admitted to the facility on August 22, 2006, and discharged on August 25, 2006. Medical record review revealed a Phone Order received by a Registered Nurse (RN) for 3 doses of Potassium Chloride 10 Meq with 1% Lidocaine, Magnesium Sulfate 2 grams, and the laboratory test of Basic Metabolic Profile and Magnesium Levels. Medical Record review revealed no signature of the prescribing physician. Interview with the Risk Manager and	H 682		

Division of Health Care Facilities

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 59X011 If continuation sheet 1 of 3

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNP53121	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 09/06/2006
NAME OF PROVIDER OR SUPPLIER SOUTHERN HILLS MEDICAL CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 391 WALLACE RD NASHVILLE, TN 37211		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 682	Continued From page 1 the Director of Health Information Management, on September 6, 2006, at 11:15 am, confirmed the prescribing physician had not signed or authorized the Phone Orders, but should have. Medical Record review on September 6, 2006, revealed Patient #26 was admitted to the facility on July 21, 2006, and was discharged on July 27, 2006. Medical record review revealed a Telephone Order, dated July 23, 2006, for Albuterol by Nebulizer every four hours, which was not signed by the prescribing practitioner. Interview with the Risk Manager and the Director of Health Information Management, on September 6, 2006, at 11:15 am, confirmed the prescribing physician had not signed or authorized the Phone Orders, but should have. Review of facility's Medical Staff Bylaws revealed verbal orders must be authenticated by the prescribing practitioner.	H 682		
H 739	1200-8-1-.06 (9)(I) Basic Hospital Functions (9) Food and Dietetic Services. (I) Food shall be protected from sources of contamination whether in storage or while being prepared, served and/or transported. Perishable foods shall be stored at such temperatures as to prevent spoilage. Potentially hazardous foods shall be maintained at safe temperatures as defined in the current "U.S. Public Health Service Food Service Sanitation Manual". This Statute is not met as evidenced by: Based on observation the facility failed to protect	H 739		

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNP53121	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 09/06/2006
NAME OF PROVIDER OR SUPPLIER SOUTHERN HILLS MEDICAL CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 391 WALLACE RD NASHVILLE, TN 37211		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 739	Continued From page 2 food from contamination during storage and preparation. The findings included: Observations of the kitchen's walk-in refrigerator and freezer, on September 5, 2006, at 11:00 am, revealed a large amount of lint and dust built up on the fan covers and ceilings of both refrigerator and freezer. Observations of the kitchen, on September 5, 2006, at 11:05 am revealed dried debris on the meat slicer cover and blade, and dried food residue on the body of an electric mixer. Observations of the kitchen's clean pans, on September 5, 2006, at 11:15 am, revealed four stainless steel serving pans stacked wet on the storage rack.	H 739		

FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNP53121	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/05/2006
NAME OF PROVIDER OR SUPPLIER SOUTHERN HILLS MEDICAL CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 391 WALLACE RD NASHVILLE, TN 37211		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 872	1200-8-1-.08 (2) Building Standards (2) The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This Statute is not met as evidenced by: Surveyor: 19474 Based on observation and inspection it was determined the facility failed to maintain the physical environment. The findings include: On 9/5/06 at approximately 9:15 AM, inspection of the ceiling tiles located next to rooms 237 and 234 revealed the tiles were water stained. TDOH 1200-8-1-.08(2) Inspection of the heating, cooling, and vent grilles located in the 1 st, 2 nd, 3 rd, 4 th, and 5 th floors revealed the vents were dirty. TDOH 1200-8-1-.08(2)	H 872		
H 951	1200-8-1-.09 (1) Life Safety (1) Any hospital which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Statute is not met as evidenced by: Surveyor: 19474	H 951		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNP53121	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/06/2006
NAME OF PROVIDER OR SUPPLIER: SOUTHERN HILLS MEDICAL CTR	STREET ADDRESS, CITY, STATE, ZIP CODE: 391 WALLACE RD NASHVILLE, TN 37211		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 951	Continued From page 1 Based on observation and inspection, it was determined the facility failed to comply with the life safety codes as required. The findings included: On 9/6/06 at approximately 8:30 AM, inspection of the exit sign located next to room 404 revealed the sign was not illuminated. NFPA 101, 7.10.5.1 Inspection of the 4 th floor corridor wall located next to room 4 (old Endo) revealed a penetration in the wall. NFPA 101, 8.5.5.2 Inspection of the 3 rd floor corridor wall located between family birth and L & D smoke doors revealed the air duct seam was not sealed. NFPA 101, 8.5.5.2 Inspection of the 3 rd floor corridor walls located above room 315 and room 324 revealed the seam between top of the walls and ceiling deck were not sealed. NFPA 101, 8.5.5.2 Inspection of the fire wall located next to room 322 revealed the air duct seam was not sealed. NFPA 101, 8.3.5.1 Inspection of the 2 nd floor ceiling deck support beams located next to the CCU waiting room, elevator 1 elevator 4, and elevator 9, revealed portions of the beams' protected fire proofing coating was missing. NFPA 220 Inspection of the Critical Care Unit corridor revealed the end of a conduit located above the fire doors was not sealed. NFPA 101, 8.3.5.1 Inspection of the fire wall located in CCU next to	H 951		

FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNP53121	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/05/2006
NAME OF PROVIDER OR SUPPLIER: SOUTHERN HILLS MEDICAL CTR	STREET ADDRESS, CITY, STATE, ZIP CODE: 391 WALLACE RD NASHVILLE, TN 37211		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 951	Continued From page 2 room 12 revealed the top of the wall was not sealed. NFPA 101, 8.5.5.2 Inspection of the corridor wall between the kitchen's main door revealed the end of two conduits were not sealed. NFPA 101, 8.3.5.1 Inspection of the back dock revealed seven corroded sprinklers. NFPA 25, 5.2.1.1.2 Inspection of the employees corridor revealed 2 penetrations above the fire doors. NFPA 101, 8.3.5.1 Inspection of the patients' rooms located in the 2 nd, 3 rd, 4 th, and 5 th floors revealed the room doors were not constructed to resist the passage of smoke. NFPA 101, 18.3.6.3.2 Inspection of the CEO office, med records room, and pharmacy department revealed two surge protectors plugged in series. NFPA 70, 110-12 Inspection of Xray mechanical room revealed no cover installed on the electrical j-box. NFPA 70, 314.28(3)(c) Inspection of the Director of imaging office revealed a multiple plug adapter was being used. NFPA 70, 240-5 Inspection of the CT room revealed the ground fault circuit interrupter was loose in the the wall. NFPA 70,110-13(a) Inspection of the surgery suite revealed a blocked fire extinguisher. NFPA 10, 1.5.7 Inspection of the surgery suite revealed the entrance to the electrical room located in the	H 951		

FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNP53121	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/05/2006
NAME OF PROVIDER OR SUPPLIER SOUTHERN HILLS MEDICAL CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 391 WALLACE RD NASHVILLE, TN 37211		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 951	Continued From page 3 janitors room was blocked. NFPA 70, 110-12 Inspection of the Bio-med room located in the 1 st floor revealed the fire extinguisher was installed above 60 inches from the floor. NFPA 10, 1.6.10 Inspection of the Cardio break room revealed the electrical outlet located next to sink was not a ground fault circuit interrupter. NFPA 70, 210-8(a)(7) Inspection of the white fire doors located between Same Day Surgery and CCU revealed the door did not close within the door frame. NFPA 80, 15.1.4 Observation of the records revealed no obstruction inspection was conducted on the sprinkler system (required once every 5 years). NFPA 25, 13.2.1	H 951		

FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	TNP53121		09/08/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN HILLS MEDICAL CTR	391 WALLACE RD NASHVILLE, TN 37211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 001	1200-8-30 Initial Comments No deficiencies, related to the Pediatric Emergency Care Facility Regulations were cited during a State Licensure Survey completed on September 6, 2006.	P 001		

Division of Health Care Facilities

TITLE (X6) DATE

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

STATE FORM 59X011 If continuation sheet 1 of 1

SHMC Plan of Correction in Response to Survey of *9/5/06* through *9/6/06*

Tag H 739 1200-8-1-.06 (9) (i) Basic Hospital Functions

Food and Dietetic Services

Food shall be protected from sources of contamination whether in storage or while being prepared, served and/or transported. Perishable foods shall be stored at such temperatures as to prevent spoilage. Potentially hazardous foods shall be maintained at safe temperatures as defined in the current "U.S. Public Health Service Food Service Sanitation Manual".

This Statute is not met as evidenced by:

Based on observation the facility failed to protect food from contamination during storage and preparation.

1. Observations of the kitchen's walk-in refrigerator and freezer, on September 5, 2006 at 11 :00 am, revealed a large amount of lint and dust built up on the fan covers and ceilings of both refrigerator and freezer.

2. Observations of the kitchen on September 5, 2006 at 11:05am revealed dried debris on the meat slicer cover and blade, and dried food residue on the body of an electric mixer.

3. Observations of the kitchen's clean pans on September 5,2006 at 11:15 am revealed four stainless steel serving pans stacked wet on the storage rack.

How we will correct the deficiency:

• 1. A seven-day cleaning schedule is in place and currently includes cleaning of both coolers, however, the fans and ceilings will now be listed as a separate item to be cleaned individually on a weekly basis. The areas were cleaned immediately after survey detected issue.

• 2. Meat slicer was cleaned on the day of survey and will be cleaned after each use.

• 3. The applicable policy was updated to include more specific instructions on the last step of air-drying.

Who will be responsible for correcting the deficiency:

The Interim Director of Dietary Services and the Chief Operating Officer.

The date the deficiency will be corrected:

The deficiency correction will be complete by October 30th, 2006.

How we will prevent the deficiency from happening again:

- 1. The Interim Director of Dietary Services will monitor for appropriate completion of all cleaning tasks on a weekly basis. Any non-compliance will be addressed through counseling and improvement actions.
- 2. Each cook, supervisor, and cold prep employee is to be educated on hire and with an annual competency update on the use and cleaning of such equipment. 100% of staff will be trained and evaluated annually.
- 3. The policy has been reviewed and updated. The Interim Director will monitor for compliance on at least a weekly basis.

SHMC Plan of Correction in Response to Survey of *9/5/06* through *9/6/06*

Tag H 872 1200-8-1-.08 (2) Building Standards

1. Water stained ceiling tiles

2. Heating, cooling and vent grilles were dirty

Tag H 951 1200-8-1-.09 (1) Life Safety

1. Exit sign not illuminated

2. Penetrations is wall

3. Air duct seam not sealed

4. Fire proofing coating missing

5. Conduit not sealed above fire door

6. Top of wall not sealed

7. Conduits not sealed in kitchen

8. Corroded sprinklers on loading dock

9. Patient room doors not constructed to resist passage of smoke

10. Surge protectors in series

11. No cover on electrical j-box

12. Multiple adapter plug in use

13. GFCI loose in wall

14. Blocked fire extinguisher

15. Blocked entrance to electrical room

16. Fire extinguisher mounted too high

17. GFCI not on in break room

18. Fire door not closing properly

19. No obstruction inspection

How we will correct the deficiencies:

Required maintenance and interventions have been performed to remedy the specific conditions cited in the 'Summary Statement of Deficiencies'. Outstanding issues at time of this submission include on-going correction of vent grille cleaning, smoke sealing of patient doors, replacement of sprinkler heads and obstruction inspection. Please see that list for details. All deficiencies will be completed by November 3rd.

Who will be responsible for correcting the deficiency:

The staff of Support Services is responsible for correcting the deficiencies, under the supervision of the Director. The Chief Operating Officer is responsible for ensuring this occurs and is maintained.

When the deficiency will be corrected:

The required repairs are mostly complete as of this date, with the exception of the items mentioned above. All deficiencies will be corrected by November 3rd.

How will we prevent the deficiency from happening again:

• Additional signage will be added to appropriate areas to prevent blockage of pull stations, fire extinguishers and electrical panels.

• All Directors will be re-educated by e-mail by October 30th regarding the particular deficiencies cited.

• Education will also be provided at the October or November meeting of the Leadership Team.

• A routine safety sweep schedule will continue to be performed on a monthly basis. This inspection work list is generated by the computer system. The Director of Support Services, or his designee, will be responsible for completing the inspection tour throughout the facility.

• A list of areas requiring attention to be in compliance will be drafted. Repairs or other actions will be implemented after the inspection tour and on an as needed basis.

• Trends in certain areas will be brought to the attention of the Director of that area, and to the

Safety Committee.

SHMC Plan of Correction in Response to Survey of *9/5/06* through *9/6/06*

• The Director of Support Services is responsible for staying current with applicable codes, rules and regulations, and for appropriately implementing them as indicated in a timely manner.

• The Director of Support Services and the Chief Operations Officer are accountable for providing resources and education to the Leadership Team and other *staff* members regarding standards to remain in compliance and provide a safe patient care environment.

SHMC Plan of Correction in Response to Survey of *9/5/06* through *9/6/06*

Tag H 682 1200-8-1-.06 (4) (k) Basic Hospital Functions

(4) Nursing Services

(k) All orders for drugs, devices and related materials must be in writing and signed by the practitioner or practitioners responsible for the care of the patient. Electronic and computer generated records and signature entries are acceptable. When telephone or oral orders must be used, they must be:

i. Accepted only by personnel that are authorized to do so by the medical staff policies and procedures, consistent with federal and state law; and,

ii. Signed or initialed by the prescribing practitioner according to hospital policy

This Statute is not met as evidenced by: Review of medical record of Patient #19 and Patient #26.

How we will correct the deficiency:

- The orders will be signed by the physician responsible.
- Re-education will be conducted with the medical staff and clinical staff regarding compliance.

Who will be responsible for correcting the deficiency:

The Chief of Medical Staff, the Chief Nursing Officer the Quality Director and the Director of Health Information Management will be responsible for correction and compliance.

The date the deficiency will be corrected:

The records reviewed will be signed by October 30th.

How we will prevent the deficiency from happening again:

• A letter from the Chief of the Medical Staff will go out to all active physicians reinforcing education on compliance with the need to limit verbal orders and the need to sign their verbal and telephone orders-this will be done by October 30'h. The Health Information Management Committee and the Medical Executive Committee will be responsible for ensuring compliance.

• All clinical staff who receive orders will be re-educated by October 30'h on the need to limit verbal orders and to flag the orders for the physician at the time of taking the order. The Clinical Directors and the Chief Nursing Officer are responsible for ensuring this occurs and compliance is achieved. Monitoring will be conducted on a monthly basis for 3 months and then as indicated by audit results.

• The HIM department will begin a monthly audit to determine compliance and serve to benchmark and improve performance. This data will be presented on at least a quarterly basis to the HIM committee with appropriate improvement actions taken.

Miscellaneous Information

LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Davidson County, Tennessee, on or before December 10th, 2014, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that TriStar Southern Hills Medical Center Emergency Department at I-65 (a proposed satellite emergency department of TriStar Southern Hills Medical Center, a hospital), to be owned and managed by HCA Health Services of Tennessee, Inc. (a corporation), intends to file an application for a Certificate of Need to establish a satellite emergency department facility in a leased building to be constructed at an unaddressed site in the northeast corner of the intersection of Old Hickory Boulevard and American General Way, in Brentwood, Tennessee 37250. This site is within Davidson County, adjoining Old Hickory Boulevard less than a mile east of the intersection of Old Hickory Boulevard and I-65. The project cost for CON purposes is estimated at $11,500,000.

The proposed satellite facility will contain eight treatment rooms. It will provide emergency diagnostic and treatment services, for which all necessary diagnostic services will be available, including laboratory, X-ray, ultrasound, and CT scanning. It will not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements. The facility will be operated under TriStar Southern Hills Medical Center's 126-bed acute care hospital license, granted by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is on or before December 15, 2014. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

John L. Wellborn 12-9-14 jwdsg@comcast.net

(Signature) (Date) (E-mail Address)

SUPPORT LETTERS

18167 US Hwy. 19 N. • Suite 650 • Clearwater, FL 33764 • (727) 507-3600

Local Practice • Divisional Support • National Resources

EmCare®

Making Health Care Work Better.™

December 5, 2014

Melanie Hill, Executive Director

Tennessee Health Services and Development Agency

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, TN 37243

RE: TriStar Southern Hills Medical Center's CON Application to establish a Free Standing Emergency Department in South Davidson County

Dear Mrs. Hill:

EmCare supports the establishment of a new Free Standing Emergency Department located at American General Way in South Davidson County by TriStar Southern Hills Medical Center. EmCare presently services the Emergency Department located on the main campus of TriStar Southern Hills Medical Center by providing the physician coverage. EmCare would be happy to also service the proposed Free Standing Emergency Department at American General Way in South Davidson County upon opening.

Sincerely,

Robert R. Page III, MD

Executive Vice President

EmCare, Alliance Division

DEC 15 '14 PM3:21

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

JOHN WELLBORN, being first duly sworn, says that he is the lawful agent of the applicant named in this application, that this project will be completed in accordance with the application to the best of the agent's knowledge, that the agent has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete to the best of the agent's knowledge.

John L Wellborn
SIGNATURE/TITLE

Sworn to and subscribed before me this 15th day of December (Month), 2014 (Year) a Notary Public in and for the County/State of DAVIDSON

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

Jan M. D
NOTARY PUBLIC

My commission expires July 2 (Month/Day), 2018 (Year).

Trades

PRESS OPERATOR

Gannett Publishing Services located at The Tennessean has a part time Press Operator position available.

The ideal applicant will have working knowledge of operation of GOSS CT 50 or MAN Roland CD 13S reel stands, operation of GOSS Colorliner or MAN Roland Uniset 70 printing units to produce various print products. Must be able to set up and operate printing units correctly on both Goss Colorliner and manroland Uniset 70 printing presses-produce high quality newspaper and commercial cold set products. Spot and hang plates on both of the above mentioned presses, register plates manually as needed, operate APCS2 consoles for the GOSS Colorliner and/or PECOM consoles for the MAN Roland Uniset 70 to run four color process and black and white pages. Safety, quality and consistency in performance are vital in this position. Applicants should have some mechanical ability or some general knowledge of offset printing and computers. Minimum 2 years offset printing, including operation of reel stands required and a High school diploma or equivalent required.

Apply for the Part Time position on line: bit.ly/1bDOX1U

The part time schedule will be noon to 8 pm Wednesday to Saturday - however, the schedules will vary due to business needs. In addition to the requirements listed above, applicants for the part time openings should have at least five years offset printing, folder, and reel operation. Experience at a daily newspaper preferred. Ability to operate offset press units, folder, and reels on double width presses, plus knowledge of touch screen computers and APCS system. Apply Today!!! EOE. We recognize and appreciate the benefits of diversity in the workplace People who share this belief or reflect a diverse background are encouraged to apply

Transportation

AAA Cooper Transportation Dedicated Solo/Regional Driver

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Your Source Public Notices for the latest...

Public Notices

0000213985

Public Notice

The Hospital Authority Board of Trustees of the Metropolitan Government of Nashville and Davidson County will meet on Thursday, December 18, 2014 at 4:30 p.m. in the Board Room of Nashville General Hospital. This is a regular meeting of the Board.

0000208815

PUBLIC NOTICE

Mid-Cumberland Human Resource Agency is seeking bids for Uniform apparel. All interested parties should contact MCHRA at purchasing@mchra.com or call 850-3904.

Continued from last column

0000214312

BID NOTICE ADVERTISEMENT

Adams Robinson Enterprises, Inc. is seeking bid proposals and quotes from DBE MBE and WBE subcontractors for the Sinking Creek WWTP Phase 4D Expansion project which bids on Thursday, January 8th, 2015 at 2:00 P.M. Plans may be viewed at Adams Robinson Enterprises, 2735 Needmore Rd., Dayton, OH 45414. Online at files.adamsrobinson.com, login: arco password: estimating; on file at Smith Seckman Reid, Inc., 2995 Sidco Drive, Nashville, TN 37204; Nashville Minority Business Center, 223 Rosa L. Parks Blvd., Suite 205, Nashville, TN 37203-3513; and Murfreesboro Water and Sewer Dept., 300 N. W. Broad Street, Murfreesboro, TN 37133-1477.

Items of work to be subcontracted include, but are not limited to the following: Excavation & Backfill, Reinforcing Steel, Glass & Glazing, Plumbing, Instrumentation, Clearing & Grubbing, Fence, Trucking & Hauling, Masonry, Caulking, HVAC, Demolition, Erosion Control, Site Grading, Asphalt Paving, Waterproofing, Doors & Windows, Painting, Electrical, and Precast Concrete.

Submit written proposals until 1:00 P.M. on Thursday, January 8th, 2015 to Adams Robinson Enterprises, 2735 Needmore Road, Dayton, OH 45414, Phone (937) 274-5318; Fax (937) 274-0836 or email **arco@adamsrobinson.com**.

When you sell your vehicle in **The Tennessean Classifieds**, you'll be surprised how fast it goes. Call 242-SALE to place your ad.

Wanted: A Car that lets you decide where to park. Find what you want in **The Tennessean Classifieds**

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242-SALE delivers your classified ad all over Middle Tennessee.

When you sell your vehicle in **The Tennessean Classifieds**, you'll be surprised how fast it goes. Call 242-SALE to place your ad.

Public Notices

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that TriStar Southern Hills Medical Center Emergency Department at I-65 (a proposed satellite emergency department of TriStar Southern Hills Medical Center, a hospital), to be owned and managed by HCA Health Services of Tennessee, Inc. (a corporation), intends to file an application for a Certificate of Need to establish a satellite emergency department facility in a leased building to be constructed at an unaddressed site in the northeast corner of the intersection of Old Hickory Boulevard and American General Way, in Brentwood, Tennessee 37250. This site is within Davidson County, adjoining Old Hickory Boulevard less than a mile east of the intersection of Old Hickory Boulevard and I-65. The project cost for CON purposes is estimated at $11,500,000.

The proposed satellite facility will contain eight treatment rooms. It will provide emergency diagnostic and treatment services, for which all necessary diagnostic services will be available, including laboratory, X-ray, ultrasound, and CT scanning. It will not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements. The facility will be operated under TriStar Southern Hills Medical Center's 126-bed acute care hospital license, granted by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is on or before December 15, 2014. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022. Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Pursuant to TCA Sec. 68-11-1607(c)(1): (A) any health care institution wishing to oppose a Certificate of Need application must file a written objection with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled, and (B) any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

TN-0001028161

Public Notices

0000215594

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Devel- [illegible] and all interested parties, in accordance with

Auctions

ABSOLUTE AUCTION

FOR THE WILMA TAYLOR ESTATE
3 BEDROOM BRICK HOME / .93 AC LOT
99 FORD FOCUS, 86 NISSAN TRUCK, SNAPPER RIDING MOWER, 3 BEDROOM SUITES, GLASSWARE, SOFA AND LOVE SEAT
2535 TINNIN RD. GOODLETTSVILLE 37072
WEDNESDAY DECEMBER 10TH 10:30 AM

Directions: From Nashville take I-65 North to Goodlettsville Exit #98 Left to Hwy. 41 North (Dickerson Rd.) Right 3 miles to Baker Station Rd. Right 1.3 miles to Tinnin Left to Sale.

Real Estate Selling First at 10:30AM: This approx. 1000 sq. ft. brick and siding home has hardwood floors under carpet, 3 bedrooms, living room W/ fireplace, eat-in Kitchen, lots of cabinets, laundry room, full bath, and , concrete covered carport . All on .93 level acres with 2 storage buildings. With some updating this would make a great home or investment in a quiet neighborhood, minutes from Downtown Goodlettsville and Rivergate.

Vehicles: 1999 Ford Focus (125,000 miles), 1986 Nissan Truck, Snapper SR1030 riding mower.

Furniture: (3) Bedroom suites, sofa and loveseat, cedar chest, metal kitchen cabinet, table and chairs, coffee table, end tables, microwave and stand, (2) TV's, wardrobe, small school desk, metal and wood bench, etc.

Misc.: cut glass, bowl and pitcher, milk glass lamps, lamps, Kenmore sewing machine and patterns, Knick knacks, figurines, linens, pots, pans, dishes, punch bowl and cups, push mower, yard tools, pictures, chairs and much more.

Terms: Real Estate, CASH. Make Your Own Financial Arrangements Prior to Sale. 15% Earnest Money Day of Sale Balance at Closing. Deed and Insured Title Furnished by Estate.

Personal Property: Cash Day of Sale, Visa, MasterCard, Discover Accepted. Drivers License Required For Bidding Number. #07014

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TN-0001029374

Auctions

THURSDAY, DECEMBER 11TH, 1:00 P.M.

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

January 2, 2015

John L. Wellborn, Consultant
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, TN 37215

RE: Certificate of Need Application -- TriStar Southern Hills Emergency Department at I-65 - CN1412-050
The establishment of a satellite emergency department with 8 treatment rooms. The facility will be located at an unaddressed site at the intersection of Old Hickory Boulevard and American General Way in (Davidson County). The estimated project cost is $11,316,699.00. [NOTE: Saint Thomas Midtown Hospital Emergency Department at Brentwood) - CN1412-049 will be heard as a simultaneous review.]

Dear Mr. Wellborn:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered complete by this office. Your application is being forwarded to the Tennessee Department of Health for review.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on January 1, 2015. The first sixty (60) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on March 25, 2015.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

Melanie M. Hill
Executive Director

cc: Trent Sansing, CON Director, Division of Health Statistics
Jerry W. Taylor, Esq.

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: January 2, 2015

RE: Certificate of Need Application
TriStar Southern Hills Emergency Department at I-65 - CN1412-050

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on January 1, 2015 and end on March 1, 2015.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: John L. Wellborn, Consultant
Jerry W. Taylor, Esq.

LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Davidson County, Tennessee, on or before December 10th, 2014, for one day.

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The anticipated date of filing the application is on or before December 15, 2014. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

John N. Wellborn 12-9-14 jwdsg@comcast.net

(Signature) (Date) (E-mail Address)

H. Todd Kaestner
Fairpath Farm – 3210 Del Rio Pike
Franklin, Tennessee 37069

January 10, 2015

Tennessee Health Services and Development Agency
Andrew Jackson Building – Ninth Floor
520 Deaderick Street
Nashville, TN 37243

Boardmembers

D. Lynn Johnson, Chair
Charlotte C. Burns
Claudia H. Byrd
Robert S. Doolittle, Vice Chair
Mark D. Flora, M.D.
Martin D. Fleming, M.D. FACS

Agency Staff

Melanie M. Hill – Executive Director
Mark Farber – Deputy Director
Jim Christoffersen – General Counsel
Rhonda Finchum – Administrative Officer
Phillip Earhart – HSD Examiner
Jeff Grimm – HSD Examiner

Dear HSD Board Members and Staff:

Please accept this letter in furtherance of your consideration of the Certificate of Need application by HCA to establish an urgent care hospital in Brentwood Tennessee.

As you know, Williamson County is one of the nation's wealthiest and most rapidly growing counties in the United States. Current projections estimate that our population will increase by 80 to 100% over the next fifteen years and, accordingly, we need to significantly increase our health care services infrastructure. HCA's plan to develop a new, urgent care facility in Brentwood is an essential, positive step toward accomplishing this goal.

Please approve the HCA CON request. It is reasonable, well-conceived and necessary to adequately provide for Williamson County residents.

You should note that many of my constituents are concerned that Williamson County's ownership of Williamson Medical Center ("WMC") may affect your consideration of the HCA proposal. Undeniably, the primary use of the county's borrowing capacity will continue to be to develop schools. Within the context of our rapidly growing population and the estimated $300+ million capital requirement for the school system in the next few years, we clearly need to attract and enable entities that can capitalize their own healthcare development, irrespective of whether those entities are for profit of not for profit. Ironically, the county's ownership of WMC may actually limit the availability of capital that might otherwise be available, were WMC to be a standalone entity.

Should you wish to discuss this matter, I would very much welcome the opportunity to address any concerns, issues or questions that you may have. I look forward to following your progress.

Thank you for your consideration.

Sincerely,

Todd Kaestner
County Commissioner 9th District – Williamson County

Additional Information Supplemental #1 -Original-

TRISTAR Southern Hills Medical Center Satellite Emergency Department

CN1412-050

SUPPLEMENTAL #1
December 29, 2014
3:00 pm

DSG Development Support Group

December 29, 2014

Phillip M. Earhart, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Addendum to First Supplemental Response
CON Application 1412-0150
TriStar Southern Hills Medical Center Satellite Emergency Department at I-65

Dear Mr. Earhart:

This letter is an addendum to our recent response to your first supplemental questions for the above application. The questions are numbered to correspond to your original questions. Responses are provided in triplicate, with affidavit.

7(b) How many ER patients are projected to come from zip code 37250 where the proposed ER satellite site will be located?

The number of patients projected from the residential zip code containing the project site (37027) is 1,111 patient visits or 13.9% of the total proposed Year One visits.

The 37250 zip code was in the mailing address applicable to American General Insurance, whose former property was purchased by HCA and is the location of this project. Attached for clarification after this page is a revised application page 1R of the application, correcting the project's residential zip code in section A.1.

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

SUPPLEMENTAL #1
December 29, 2014
3:00 pm

PART A

1. Name of Facility, Agency, or Institution

TriStar Southern Hills Emergency Department at I-65		
Name		
Unaddressed site at the Northeast Corner of the intersection of Old Hickory Boulevard and American General Way		Davidson
Street or Route		*County*
Brentwood	TN	37027
City	*State*	*Zip Code*

2. Contact Person Available for Responses to Questions

John Wellborn		Consultant	
Name		*Title*	
Development Support Group		jwdsg@comcast.net	
Company Name		*E-Mail Address*	
4219 Hillsboro Road, Suite 210	Nashville	TN	37215
Street or Route	*City*	*State*	*Zip Code*
CON Consultant	615-665-2022	615-665-2042	
Association With Owner	*Phone Number*	*Fax Number*	

3. Owner of the Facility, Agency, or Institution

HCA Health Services of Tennessee, Inc		615-781-4150
Name		*Phone Number*
c/o TriStar Southern Hills Medical Center, 391 Wallace Road		Davidson
Street or Route		*County*
Brentwood	TN	37211
City	*State*	*Zip Code*

4. Type of Ownership or Control (Check One)

A. Sole Proprietorship		F. Government (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	
D. Corporation (For-Profit)	x	I. Other (Specify):	
E. Corporation (Not-for-Profit)			

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS

SUPPLEMENTAL #1
December 29, 2014
3:00 pm

8(d) Please clarify if there is a shortage of primary care physicians in the applicant's service area that would force patients to go to an emergency room for routine treatment.

Federal data does not indicate a physician shortage in the primary service area zip codes.

Following this page are HRSA tables for designated primary care physician shortage areas in Davidson and Williamson Counties. HRSA is DHS's Health Resources and Services Administration.

The Davidson County data identifies census tracts in East and South Nashville as having a shortage of primary care providers. A census tract map after that page shows that none of the tracts is near the project site.

In Williamson County, the Federal website identifies not census tracts, but rather two Federally-designated Comprehensive Health Centers, both of which list addresses in Franklin, in zip code 37064.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

SUPPLEMENTAL #1
December 29, 2014
3:00 pm

U. S. Department of Health & Human Services

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Health Resources and Services Administration

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Find Shortage Areas: HPSA by State & County

- Shortage Designation Home
- **Find Shortage Areas**
- HPSA & MUA/P by Address
- HPSA Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Criteria:

State: Tennessee
County: Davidson County
ID: All
Date of Last Update: All Dates
HPSA Score (lower limit): 0
Discipline: Primary Medical Care
Metro: All
Status: Designated
Type: All

Results: 30 records found.
(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE *	Score
037 - Davidson County				
Dba Vine Hill/University Community Health Svs	14799947D7	Comprehensive Health Center		21
Matthew Walker Comprehensive Health Center, Inc.	1479994787	Comprehensive Health Center		5
United Neighborhood Health	1479994786	Comprehensive Health Center		6
Low Income - East Nashville	1479994731	HPSA Population	3	17
101.05		Census Tract		
101.06		Census Tract		
109.03		Census Tract		
109.04		Census Tract		
110.01		Census Tract		
110.02		Census Tract		
113		Census Tract		
114		Census Tract		
117		Census Tract		
118		Census Tract		
119		Census Tract		
126		Census Tract		
127.01		Census Tract		
127.02		Census Tract		
128.01		Census Tract		
128.02		Census Tract		
192		Census Tract		
193		Census Tract		
Low Income - South Nashville/Vine Hill	1479994733	HPSA Populalion	2	18
148		Census Tract		
160		Census Tract		
161		Census Tract		
162		Census Tract		
163		Census Tract		
170		Census Tract		
171		Census Tract		

Data as of: 12/28/2014

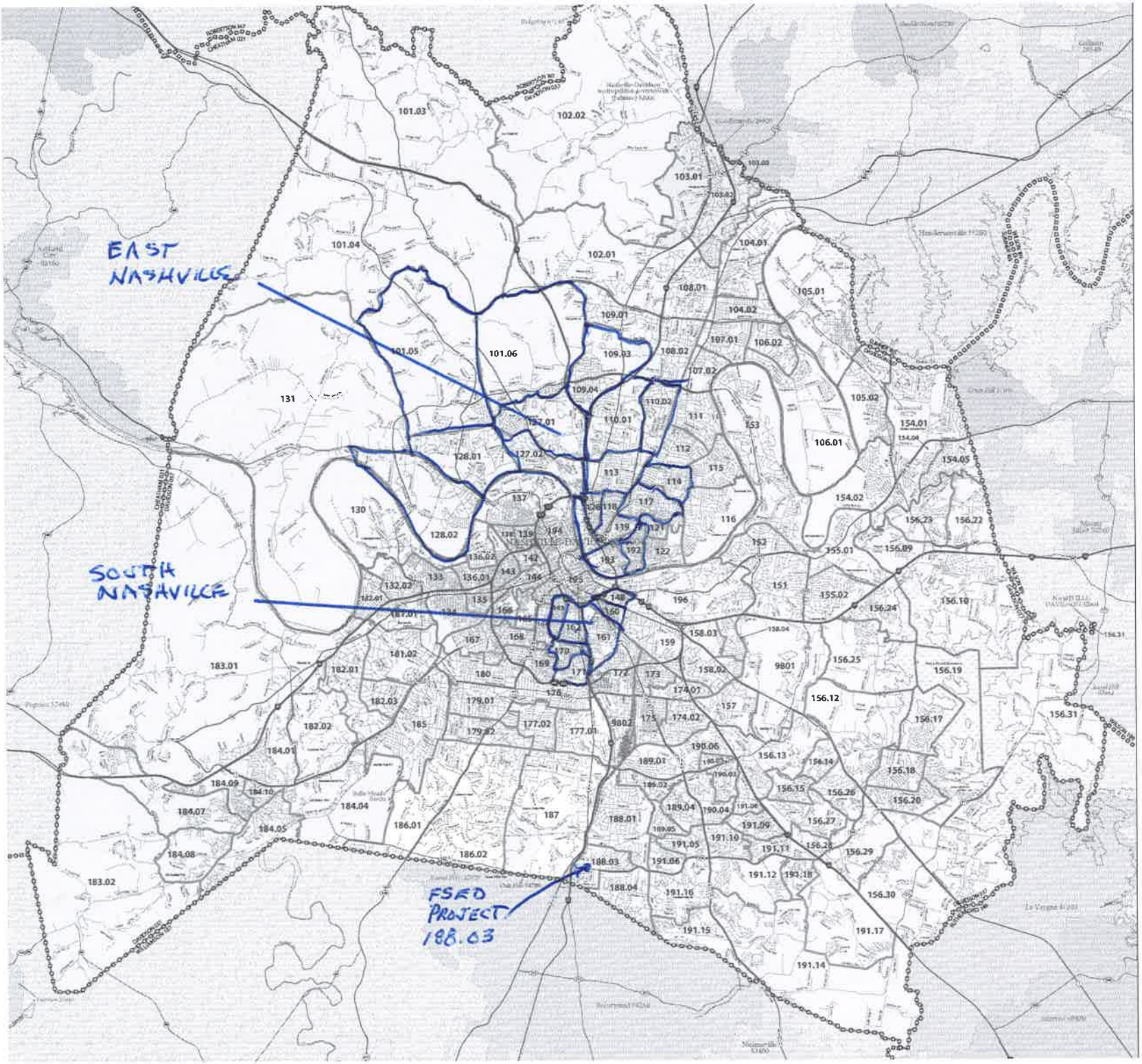
* This attribute represents the number of non-federal practitioners providing ambulatory patient care in the Health Professional Shortage Area (HPSA) expressed as full-time equivalents.

NEW SEARCH | MODIFY SEARCH CRITERIA

June 25, 2014 Federal Register Notice

NOTE: Below are lists of designated HPSAs that reflect the publication of the Federal Register notice on June 25, 2014. This Federal Register notice reflects the status of HPSAs as of May 23, 2014. The main impact of this Federal Register publication will be to officially withdraw those HPSAs that have been in "proposed for withdrawal" status since the last Federal Register notice was published on June 27, 2013. HPSAs that have been placed in "proposed for withdrawal" status since May 23, 2014 will remain in that status until the publication of the next Federal Register notice. If there are any questions about the status of a particular HPSA or area, we recommend that you contact the state primary care office in your state; a listing can be obtained at http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html.

- County and County Equivalent Listing – Primary Care (approx. 359 KB)
- County and County Equivalent Listing – Dental Care (approx. 297 KB)
- County and County Equivalent Listing – Mental Care (approx. 355 KB)



Tribal Designated Statistical Area		Tama Res 4125
State American Indian Statistical Area		Lumbee 3795 3615
State Designated Tribal Statistical Area		
Alaska Native Regional Corporation		NANA ANRC 52120
State (or statistically equivalent entity)		NEW YORK 36
County (or statistically equivalent entity)		ERIE 029
Minor Civil Division (MCD) [1,2]		Bristol town 07485
Consolidated City		MILFORD 4750
Incorporated Place [1,3]		Davis 19160
Census Designated Place (CDP) [3]		
Census Tract		33.07

DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL
Interstate		Water Body	
U.S. Highway		Swamp or Marsh	
State Highway		Glacier	
Other Road		Military	
4WD Trail, Seasonal, Other Railroad or Trail		Regional or State Park, Forest, or Recreation Area	
Railroad		Tract Area	A
Pipeline or Power Line		Outside Subject Area	
Ridge or Fence			
Property Line			
Geographic Boundary or Feature Not Shown in Classified			

Where state, county, and/or MCD boundaries coincide, the map shows the boundary symbol for only the highest ranking of these boundaries.

1 A "*" following an MCD name denotes a false MCD. A "*" following a place name indicates that a false MCD exists with the same name and FIPS code as the place; the false MCD label is not shown.

2 MCD boundaries are shown in the following states in which MCDs have functioning governments: Connecticut, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, and Wisconsin.

3 Place label color correlates to the place fill color.

Location of County within State

SUPPLEMENTAL #1

December 29, 2014

3:00 pm

SUPPLEMENTAL #1
December 29, 2014
3:00 pm

U. S. Department of Health & Human Services

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U. S. Department of Health and Human Services
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Find Shortage Areas: HPSA by State & County

- Shortage Designation Home
- **Find Shortage Areas**
- HPSA & MUA/P by Address
- HPSA Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Criteria:

State: Tennessee
County: Williamson County
ID: All
Date of Last Update: All Dates
HPSA Score (lower limit): 0
Discipline: Primary Medical Care
Metro: All
Status: Designated
Type: All

Results: 2 records found.
(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE *	Score
187 - Williamson County				
Mercy Health Services 37064 zip code	14799947EX	Comprehensive Health Center	0	16
Prohealth Rural Health Services, Inc. 37064 zip code	14799947B7	Federally Qualified Health Center Look A Like		6

Data as of: 12/28/2014

* This attribute represents the number of non-federal practitioners providing ambulatory patient care in the Health Professional Shortage Area (HPSA) expressed as full-time equivalents.

NEW SEARCH | MODIFY SEARCH CRITERIA

June 25, 2014 Federal Register Notice

NOTE: Below are lists of designated HPSAs that reflect the publication of the Federal Register notice on June 25, 2014. This Federal Register notice reflects the status of HPSAs as of May 23, 2014. The main impact of this Federal Register publication will be to officially withdraw those HPSAs that have been in "proposed for withdrawal" status since the last Federal Register notice was published on June 27, 2013. HPSAs that have been placed in "proposed for withdrawal" status since May 23, 2014 will remain in that status until the publication of the next Federal Register notice. If there are any questions about the status of a particular HPSA or area, we recommend that you contact the state primary care office in your state; a listing can be obtained at http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html.

- County and County Equivalent Listing – Primary Care (approx. 359 KB)
- County and County Equivalent Listing – Dental Care (approx. 297 KB)
- County and County Equivalent Listing – Mental Care (approx. 355 KB)

SUPPLEMENTAL #1

December 29, 2014
3:00 pm

Williamson County

Facility: Mercy Health Services 1113 Murfreesboro Road, Franklin, TN 37064

Facility: Prohealth Rural Health Services, Inc. 327 Cummins St, Franklin, TN 37064

SUPPLEMENTAL #1
December 29, 2014
3:00 pm

U. S. Department of Health & Human Services

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Health Resources and Services Administration

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Find Shortage Areas: HPSA & MUA/P by Address

- Shortage Designation Home
- **Find Shortage Areas**
- HPSA by State & County
- HPSAs Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Reported location: 791 Old Hickory Blvd, Brentwood, TN, 37027
(---- **Input location**: 791 Old Hickory Boulevard, Brentwood, Tennessee 37027)

Start over with a new query by address Print

In a Primary Care Health Professional Shortage Area: No	
In a Mental Health Professional Shortage Area: Yes	
Mental Health HPSA Name:	Low Income - Davidson County
Mental Health HPSA ID:	7479994709
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	9
Mental Health HPSA Designation Date:	2014/01/31
Mental Health HPSA Designation Last Update Date:	2014/01/31
In a Dental Care Health Professional Shortage Area: No	
In a Medically Underserved Area/Population: No	

State Name:	Tennessee
County Name:	Davidson
County Subdivision Name:	31
Census Tract Number:	018803
ZIP Code:	37027
Post Office Name:	Brentwood
Congressional District Name:	Tennessee District 05
Congressional District Representative Name:	Jim Cooper
Click the image and check the detailed neighborhood on a map:	

Note: The address you entered is geocoded and then compared against the HPSA and MUA data (as of 12/28/2014) in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation result provided may be inaccurate and does not constitute an official determination. If you feel the result is in error, please refer to http://answers.hrsa.gov.

SUPPLEMENTAL #1

December 29, 2014
3:00 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

SOUTHERN HILLS MEDICAL CENTER – SATELLITE
EMERGENCY DEPARTMENT AT I-65

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

JAN M. DANFORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires July 2, 2018

Signature/Title
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 29th day of December, 2014, witness my hand at office in the County of DAVIDSON, State of Tennessee.

NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

COPY-
SUPPLEMENTAL-1

TriStar Southern Hills Hospital
CN1412-050

SUPPLEMENTAL- 1

DSG Development Support Group

December 26, 2014
2:15pm

December 26 , 2014

Phillip M. Earhart, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application 1412-0150
TriStar Southern Hills Medical Center Satellite Emergency Department at I-65

Dear Mr. Earhart:

This letter responds to your recent request for additional information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

1. **Section A., Applicant Profile, Item 4**

   The applicant references a list of Tennessee owned facilities in Attachment A.4. Please provide.

   The list is provided following this page.

2. **Section B, Project Description, Item I.**

   (a) What is the distance between the applicant's proposed satellite emergency room and Saint Thomas Midtown Hospital's simultaneously proposed satellite emergency room located at the 791 Old Hickory Boulevard, Brentwood, TN 37207?

   The distance is approximately 1.5 miles.

4219 Hillsboro Road, Suite 203
Nashville, TN 37215
jwdsg@comcast.net
Tel 615.665.2022
Fax 615.665.2042

SUPPLEMENTAL- 1

December 26, 2014
2:15pm

HCA FACILITIES IN TENNESSEE
DECEMBER 2014

HOSPITALS AND HOSPITAL AFFILIATES

TriStar Ashland City Medical Center
313 North Main Street
Ashland City, TN 37015
615-792-3030

TriStar Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203
615-342-1040

Parthenon Pavilion
2401 Parman Place

Sarah Cannon Cancer Center
250 25th Ave. North

Sarah Cannon Research Institute
3522 West End Avenue

The Children's Hospital at TriStar Centennial Medical Center
222 Murphy Avenue

TriStar Centennial Emergency Room at Spring Hill
3001 Reserve Blvd.
Spring Hill, TN37174

TriStar Hendersonville Medical Center
355 New Shackle Island Road
Hendersonville, TN 37075
615-338-1102

TriStar Portland Emergency Room
105 Redbud Drive
Portland, TN 37148

SUPPLEMENTAL- 1

December 26, 2014
2:15pm

TriStar Horizon Medical Center
111 Highway 70 East
Dickson, TN 37055
615-441-2357

Natchez Imaging
101 Natchez Park Drive

Radiation Oncology @ SCCC
105 Natchez Park Drive

Tennessee Oncology@ SCCC
103 Natchez Park Drive

TriStar Parkridge Medical Center
2333 McCallie Avenue
Chattanooga, TN 37404
423-493-1772

TriStar Parkridge East Hospital
941 Spring Creek Road
Chattanooga, TN 37412
423-855-3500

TriStar Parkridge West Medical Center
1000 Tn Highway 28
Jasper, TN 37247

TriStar Parkridge Valley Hospital
200 Morris Hill Road
Chattanooga, TN 37421
423-499-1204

TriStar Skyline Medical Center
3441 Dickerson Pike
Nashville, TN 37207
615-769-7114

TriStar Skyline Madison Campus
500 Hospital Drive
Madison, TN 37115
615-860-6301

TriStar Southern Hills Medical Center
391 Wallace Road
Nashville, TN 37211
615-781-4000

TriStar StoneCrest Medical Center
200 StoneCrest Blvd.
Smyrna, TN 37167
615-768-2508

SUPPLEMENTAL- 1

December 26, 2014
2:15pm

TriStar Summit Surgery Center
3901 Central Pike
Suite 152
Hermitage, TN 37076
615-391-7200

OTHER FACILITIES

Centennial Surgery Center
345 23rd Avenue North, Suite 201
Nashville, TN 37203
615-327-1123

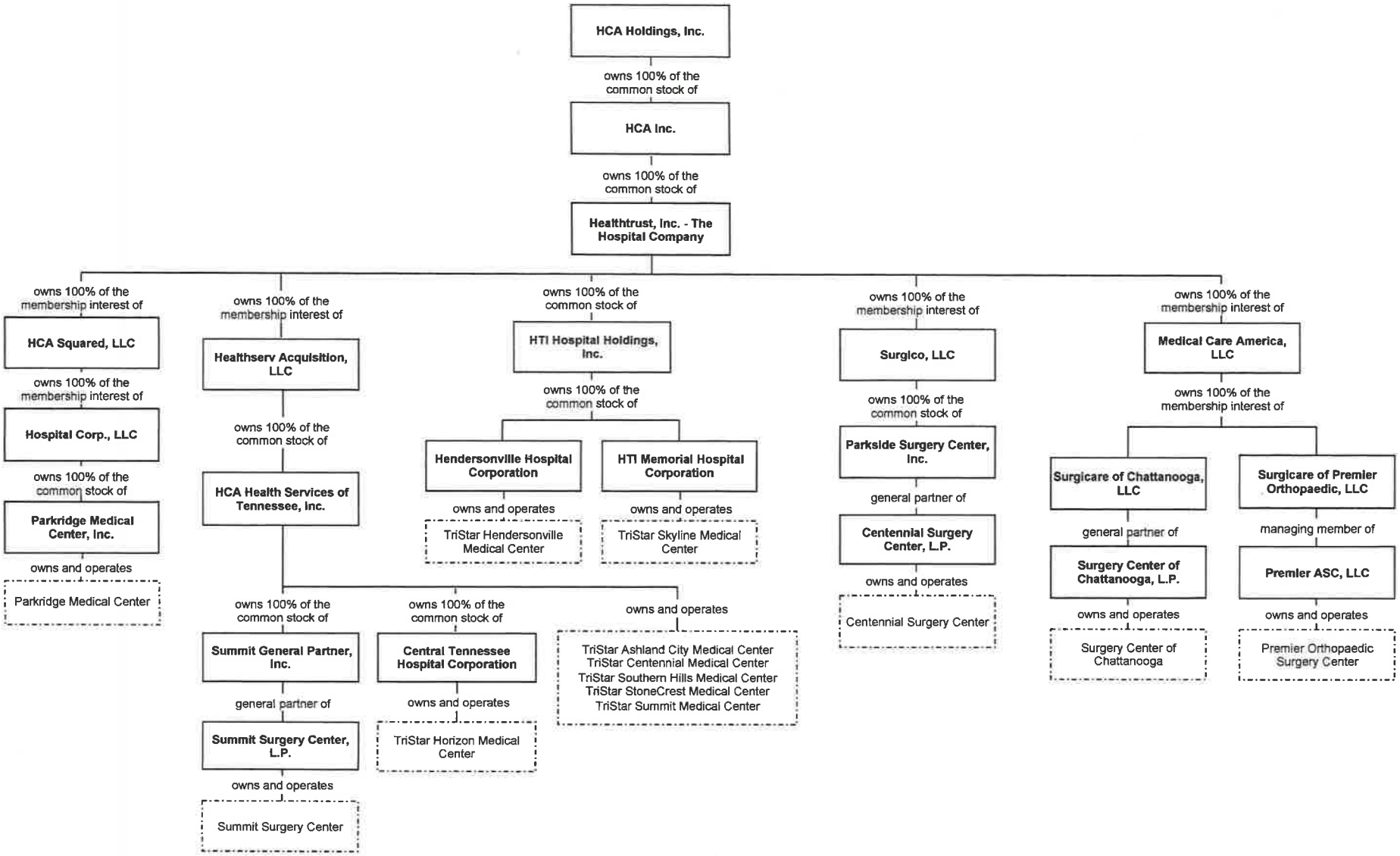
Premier Orthopedics Surgery Center
394 Harding Place
Suite 100
Nashville, TN 37211
615-332-3600

TriStar Summit Medical Center
5655 Frist Blvd.
Hermitage, TN 37076
615-316-4902

Surgery Center of Chattanooga
400 North Holtzclaw Avenue
Chattanooga, TN 37404
423-698-6871

SUPPLEMENTAL- 1

December 26, 2014
2:15pm



SUPPLEMENTAL- 1

December 26, 2014
2:15pm

(b) It is noted STMC's emergency department needs a major expansion of capacity, which is not possible on the landlocked main campus. However, what are the plans of the hospital if the proposed satellite ER does not help relieve ER utilization at the main campus and ER visits continue to increase with capacity issues at the main ER?

The applicant is currently beginning an internal renovation to expand the ED inward, increasing capacity from 19 to 22 beds. However, after that there is no other expansion option on the main campus. Because the proposed FSED location is close to the current TriStar Southern Hills ER, 5.0 miles apart, the hospital is confident that it can steer a significant percentage of its current ED visits from these four zip codes to the satellite location, because that will reduce both their drive times and their waiting times. This shift will be accomplished by providing community education and publicity within the service area (including direct mailings to current ED users), and by working with emergency transport teams.

(c) In light of the fact that this is one of two simultaneous review applications does the applicant believe there is a need for two satellite ERs in essentially the same location?

If both FSEDs were to open, the utilization that each of the applications projected would not be realistic, because they are so close together. Therefore, the financial feasibility of either project could be in jeopardy, when considered as a free-standing entity. However, TriStar Southern Hills Medical Center does have the financial resources to cover any such loss on an annual basis, were both facilities to open. TriStar would proceed with the project out of necessity; it has no other option.

(d) What will the applicant do if this application is denied?

TriStar Southern Hills Medical Center needs to decompress volume in its existing ER. The best solution for the hospital is to operate an FSED on owned property that is strategically placed to do that. Since the applicant's parent company HCA has heavily invested in property (purchase of approximately 53 acres) within Davidson County, with convenient I-65 access, and only 5 miles from TriStar Southern Hills Medical Center, the applicant would continue to pursue the strategy of placing an FSED on this location.

(e) There are two large office buildings located on the parcel of land contiguous to the planned ER plot. Please describe these office buildings and the applicant's future plan for those office buildings. In addition, please describe the tract of land containing 53 acres and its planned future use.

There are two office buildings located on a 39 acre parcel of land contiguous to the planned ER, that are being leased back to the current tenant, American General Insurance. That parcel, and the undeveloped 14 acres where the ER would be located, comprise the entire 53 acre site. The undeveloped 14 acres is intended for use as a satellite outpatient campus for TriStar Southern Hills Medical Center.

(f) The applicant provides TriStar ER utilization statistics for Davidson County in the next to the last paragraph located on page 5 of the application. Please provide a data source.

Those statistics were calculated from the 2013 Joint Annual Report data in Table Fifteen, page 45 of the application. Numbers of patients treated at the four TriStar hospitals were compared to those at the two Saint Thomas hospitals and to those at Vanderbilt Medical Center. See the supplemental table below.

Supplemental Table 2(f)--From Table Fifteen of Application		
Hospitals	Patients Treated	% of All Patients Treated, (471,659)
TriStar (4 Hospitals)	195,073	41.4%
	119,225	25.3%
Saint Thomas (2 Hospitals)	84,649	17.9%

(g) Please provide a brief overview of the Emergency Physician Group that will be staffing the ER.

EmCare is an industry leader in outsourced physician services. EmCare-affiliated physicians and clinicians provide emergency medicine, hospital medicine, general and trauma surgery, anesthesiology and radiology/teleradiology care to hundreds of hospitals and healthcare facilities throughout the country.

Founded in 1972 and headquartered in Dallas, Texas, EmCare's success is based on their commitment to quality physician leadership and is backed with comprehensive support programs that allow physicians to focus on patient and high-quality medical care. EmCare is the only company that provides customers with a single source for emergency medicine, hospital medicine, acute care surgery, anesthesiology and radiology services – and the company offers clients the flexibility of contracting for a single service, or numerous services, all with the same management and goals.

EmCare supports its healthcare clients locally, with local physician practices; regionally through EmCare's five divisional offices; and nationally, through EmCare's corporate headquarters, affiliated companies and strategic partners. EmCare has been staffing TriStar Southern Hills Medical Center successfully for over three years, and provides staffing for the hospital's Hospitalist program in addition to the Emergency Department staffing. EmCare also staffs other TriStar hospitals within the Nashville market.

(h) What is the distance of the imaging center at the TriStar Medical Plaza located in Brentwood, Tennessee to the proposed satellite ER site?

The distance between these two locations is 7.0 miles and about 13 minutes of drive time without traffic congestion. Please bear in mind that the Medical Plaza location is not available to patients 24/7.

(i) What happens if a patient who should have gone to an acute care hospital goes to/is brought to a satellite hospital ER?

The FSED will be a fully functioning Emergency Department and will offer the same level of care as that of the main campus ED. The satellite's patients will be treated according to the same clinical protocols, and by the same trained Board Certified Physicians, as at the main campus ED. If a patient is deemed to have a medical condition that requires an inpatient hospital stay, the patient will be transferred to the most appropriate hospital for the patients' medical care. That hospital will be identified by the patient and the patient's physician, if any.

(j) Please explain why the applicant is not planning to provide MRI services at the proposed satellite ER. What are the advantages of having an MRI available in an ER?

An MRI is not a necessary piece of medical equipment for a Free Standing Emergency Room. HCA is a large operator of FSED's across the country, with 41 in current operation and 15 currently under construction. HCA does not routinely install MRI's at these locations. The only time one would be installed is if it is combined with a Free Standing Imaging Center facility at the same location--and even in those locations, an MRI is not always installed. (For example, the TriStar Medical Plaza Imaging Center in Brentwood at the intersection of Concord and Nolensville Roads does not offer MRI services.) Reasons for not utilizing MRI services at an FSED location include the following:

1. An MRI is not a test that is needed on an emergent basis. An example of the need for a true emergent MRI would be a Spinal Cord Compression with Neurovascular involvement. Most MRI's out of the ED are very similar in urgency to a diagnostic heart cath.

2. Most of the patients presenting in a free-standing ED are walk-in patients. EMS will utilize the FSED, but only if the assessment in the field does not warrant a higher level of care.

3. If there is a need for an emergent MRI, the applicant's main campus is only 5 miles away.

4. Most FSEDs have blood testing, x-rays, ultrasound, and CTs with advanced spiral technology taking only a few seconds, whereas an MRI will take 45 minutes to 1.5 hours. Presently Medicare will only reimburse for an MRI at the ED in truly emergent cases, i.e., Spinal Cord compression. In the case of acute stroke, a CT is still the gold standard.

5. MRI does not detect acute bleeding well.

6. CT is preferred to diagnose bony head trauma.

The applicant's main campus ED averages no more than 17 MRI studies per month (which are not truly emergent) on more than 3,600 ED patients per month. Several of these require more than one test per patient. At least 2/3 of those ordered out of the ED could have been ordered after the admitting order was given rather than before. The need for an MRI in a satellite Emergency Department is neither needed, nor financially feasible.

(k) Please clarify if the proposed satellite ER will include a helipad.

Although not required by the Guidelines for Design and Construction of Health Care Facilities (2010), a helipad will be provided if there is a demand for it. There is very low demand for it currently at the main campus. At the satellite, the helipad design will have to be approved by the Federal Aviation Administration. Its location would be just off the southwest corner of the FSED, as shown in the supplemental site plan following this page.

(l) What happens if 2 psychiatric patients who require a secure treatment room presents at the proposed ER when there is only one secure treatment room in the ER?

The second patient will be put in a room beside the existing secure treatment room if available, so staff can help monitor both patients simultaneously. The patient will be staffed as a one one-on-one observation patient if required. Additional staffing can be called in or transferred over from the main hospital if necessary.

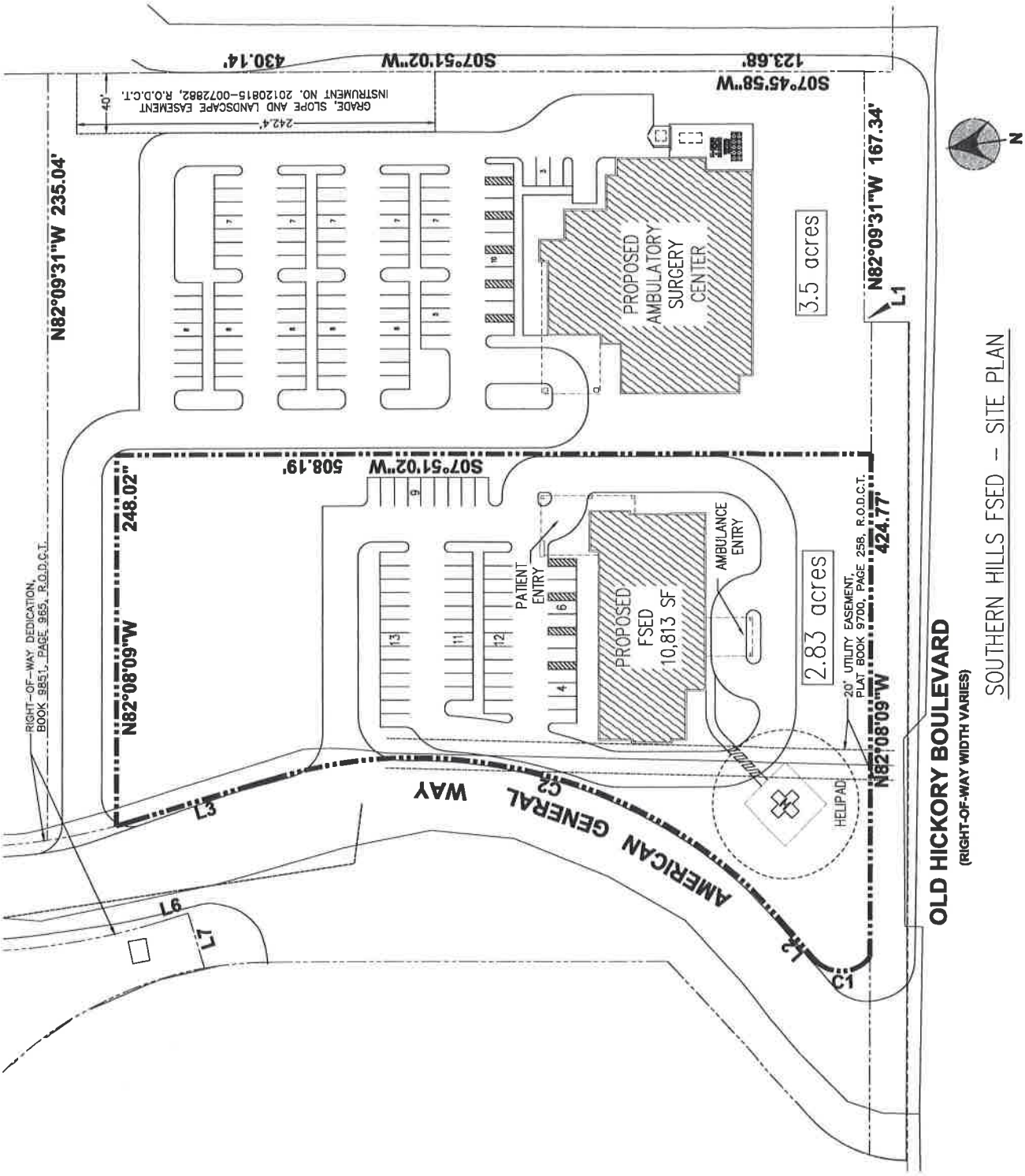
The applicant's main campus ED does not have a Safe/Secure Room. The ED protocol is to remove items from the patient room that a patient might use to harm him/herself or others. Staff would lock cabinets, gown the patient, and check the patient every 15 minutes at a minimum. This same protocol would be utilized at the proposed FSED for the second patient, when needed.

(m) Please clarify if mobile crisis staff will have access to conduct assessments. If so, where? Where will law enforcement be located?

Mobile Crisis will be available to conduct assessments, just as they do at the main hospital ED. They will do this within the patient exam rooms. Law enforcement personnel can sit just outside of the patient exam room in a chair, if required to remain close to the patient.

SUPPLEMENTAL- 1

December 26, 2014
2:15pm



SOUTHERN HILLS FSED – SITE PLAN

SUPPLEMENTAL- 1

December 26, 2014
2:15pm

(n) Please clarify if Emergency patients with Blue Cross Blue Shield plan S will be in network for the proposed satellite ER. If not, will these patients be required to pay out of network copays? If so, what will be there out of pocket expense?

Currently TriStar hospitals are not in network with Blue Cross Blue Shield S, so the proposed satellite ED will not be in network. Any Blue Cross Blue Shield S patient that presents to the FSED will be treated for his or her condition just like any other patient that presents for care. Financially, any Blue Cross Blue Shield S visit will be managed just as other visits are managed when the patient's payor/insurer does not have a contract with TriStar. These patients must consult their insurer about their payment obligation; the applicant will have no knowledge of their obligations for out-of-pocket expenses under their insurance plans.

(o) Many times emergency room copays are waived if the patient is admitted inpatient. Please clarify if this arrangement is possible at the proposed satellite ER.

The FSED will be a department of TriStar Southern Hills Medical Center and its patients will be billed just as they are at the main campus ED. The copay referenced in the question is not really waived if the emergency patient is admitted to the hospital; the copay is converted to an Inpatient Copay by the patient's insurer. Thus the patient will no longer owe an outpatient copay, but they will owe the inpatient copay per the terms of their medical insurance plan.

(p) On Monday December 15, 2014, Tennessee Gov. Bill Haslam unveiled his Insure Tennessee plan, a two year pilot program to provide health care coverage to Tennesseans who currently don't have access to health insurance or have limited options. The program rewards healthy behaviors, prepares members to transition to private coverage, promotes personal responsibility and incentivizes choosing preventative and routine care instead of unnecessary use of emergency rooms. What will the impact of Insure TN have on the applicant's volume projection?

It should not adversely impact this application's projections. The very conservative projection of annual demand in this application was at a lower rate than the ED's recent historical average rate of increase. The applicant anticipated reduced future use of the ED by patients who will be shifted toward lower acuity care.

It should also be noted that the Insure Tennessee plan has only been announced this month. It is a two-year trial program. It is premature to assess its likely impact. At this early stage, there is no way of knowing to what extent the Plan enrollees will be accepted by the physician offices and urgent care clinics whose participation will be necessary to reduce unnecessary ED visits for low-acuity patients.

(q) Please clarify if an ambulance will be stationed at the satellite ED 24 hours/day, 7days/week, 365 days/year for life-threatening transports to full service hospitals.

The applicant intends to; and has scheduled a meeting with the Nashville Fire Department on January 5th to discuss it. It would provide the Fire Department with better access to I-65, than they have now with their station near the Nipper's Corner area, east of the project site. If the Nashville Fire Department chooses not to locate an ambulance at the FSED, the applicant will work with First Call and/or Lifeguard to station an ambulance on site.

3. Section B, Project Description, Item II.A.
(a). Please provide the square footage and costs per square footage chart as referenced in Attachment B.II.A.

This is provided following this page.

(b) Table three is noted on page 15 of the application. However, the "note" underneath the table references Line A.9 in the Project Costs Charts which should be A.5. Please revise.

Revised page 15R is attached following this page, with that typographical error corrected.

SOUTHERN HILLS FSED SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

A. Unit / Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost / SF		
					Renovated	New	Total	Renovated	New	Total
Waiting/ Public						1,123	1,123		$307.00	$344,761.00
Exam/ Trauma						2,043	2,043		$307.00	$627,201.00
Nurses Station						404	404		$307.00	$124,028.00
Support						1,207	1,207		$307.00	$370,549.00
I.T.						185	185		$307.00	$56,795.00
Staff Areas						791	791		$307.00	$242,837.00
Lab						352	352		$307.00	$108,064.00
B. Unit/Dept. GSF Sub-Total						6,105	6,105			$1,874,235.00
C. Mechanical / Electrical GSF						553	553		$307.00	$169,771.00
D. Circulation / Structure GSF						4,155	4,155		$307.00	$1,275,585.00
E. Total GSF						10,813	10,813			$3,319,591.00
Canopy						2,439	2,439		$189.00	$460,489.00
										$3,780,080.00

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Project Cost and Funding

It is anticipated that Southpoint, LLC (an HCA subsidiary that owns the land) will develop the building as shell space, to specifications of HCA, and that Southpoint will then lease the building to TriStar Southern Hills Medical Center to complete and operate as a satellite Emergency Department.

The estimated project cost for CON purposes is $11,316,699. Of this, $6,284,409 is the fair market value of the land and shell building to be provided by the developer/lessor, and $5,032,290 is the estimated capital expenditure by the applicant/licensee for building out and equipping the shell building. Both the lessor and the applicant/lessee will receive funding for all project costs from HCA Holdings, Inc., their parent company.

Table Three: This Project's Construction Costs

	Shell Construction by Lessor	Build-out by Applicant/Lessee	Total Project
Square Feet	10,813 SF	10,813 SF	10,813 SF
Construction Cost	$2,050,000	$1,730,080	$3,780,080
Constr. Cost PSF	$190 ($189.59)	$160	$350 ($349.59)

Note: The construction cost is line A.5 of the Project Cost Chart.

Project Implementation and Hours of Service

If granted final CON approval by April 1, 2015, the facility can be opened for service at the new location in late CY2016. Its first full calendar year of operation will be CY2017. It will provide emergency care 24 hours per day, every day.

Ownership and Parties Involved in the Project

a. The Developer/Lessor: Southpoint, LLC owns the 53-acre tract that includes this project site. Southpoint, LLC is wholly owned by HCA Health Services of Tennessee, Inc., which is wholly owned by Healthserv Acquisition, LLC, which is wholly owned by Healthtrust, Inc.--The Hospital Company, which is wholly owned by HCA, Inc., which is

(c) The applicant provided a map on page 12 with a 5 mile radius circled around existing ERs. Please clarify why 5 miles was chosen. Is this a standard?

It is not a standard. It was added to help the reader better envision and understand the distances between existing and proposed emergency rooms, for the purposes of evaluating public access to ED care. It also provided a focus for the applicant in defining the four primary service area zip codes, which are all or mostly within the five mile radius.

4. Section B, Project Description, Item III.B.1
Please complete the following table that shows distance to existing ER's for the applicant's primary service area zip codes:

Zip Code	Hospital Emergency Dept.	County	Distance in miles	Drive time in minutes

Please see the supplemental tables following this page. One provides a table of drive times and distances from the zip code centroids to the closest area hospitals. The other amends originally submitted Table Eight (p. 27) to show zip codes of the area emergency rooms.

5. Section B, Project Description, Item II.C.

(a) Please clarify the reason HCA's 1800 visit per ED room standard exceeds the widely-used hospital planning standard of 1,500 visit per room per year.

This is an internal planning standard at which an HCA hospital has presumed justification for requesting corporate funding of a proposed ED expansion. It is regarded as a demanding average level of operation. It is HCA's policy to have its ED's operate at high levels of productivity and efficiency.

(b) What is the source of the 1,500/room standard?

It is a standard attributed to the American College of Emergency Physicians (ACEP). The applicant can not identify which ACEP publication provides those standards.

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Supplemental Table Eight Revised: Distances and Drive Times from Project Site to Hospital Emergency Departments in Davidson and Williamson Counties				
Zip Code	Hospital Emergency Room	County	Distance in miles	Drive time in minutes
	Primary Service Area ERs			
37211	TriStar Southern Hills Medical Center	Davidson	5.0	11
37027	Williamson Medical Center	Williamson	10.1	14
	Other Area ERs			
37208	Metro Nashville General Hospital	Davidson	12.4	14
37236	St. Thomas Midtown Hospital	Davidson	10.8	17
37205	Saint Thomas West Hospital	Davidson	11.2	14
37203	TriStar Centennial Medical Center	Davidson	10.6	16
37207	TriStar Skyline Medical Center	Davidson	17.8	22
37076	TriStar Summit Medical Center	Davidson	17.8	20
37232	Vanderbilt University Medical Center	Davidson	9.3	16

Source: Google Maps, 12-5-14

Supplemental Table: Distance and Drive Times Between PSA Zip Codes and Closest PSA Hospitals

Hospital Emergency Department	Zip Code & Centroid Intersection			
	37027: Concord Rd. (SR 253) @ Wilson Pk (SR 252) Wiliamson County	37015: Harding Pl. (SR 255) @ Hillsboro Pk. (SR 431) Davidson County	37211: Harding Pl. (SR 255) @ Nolensville Rd. (SR 11) Davidson County	37220: Franklin Rd. (SR 6) @ Hogan Rd. Davidson County
Williamson Medical Center				
Distance in Miles	7.6 Miles	16.3 Miles	15.0 Miles	11.6 Miles
Drive Time	10 Min.	20 Min.	18 Min.	15 Min.
TriStar Southern Hills Medical Center				
Distance in Miles	9.7 Miles	6.3 Miles	0.3 Miles	4.5 Miles
Drive Time	13 Min.	14 Min.	1 Min.	10 Min.
TriStar Centennial Medical Center				
Distance in Miles	15.2 Miles	5.7 Miles	9.1 Miles	9.3 Miles
Drive Time	21 Min.	16 Min.	16 Min.	15 Min.
Saint Thomas Midtown Hospital				
Distance in Miles	13.8 Miles	4.9 Miles	8.6 Miles	8.7 Miles
Drive Time	16 Min.	16 Min.	14 Min.	13 Min.
St. Thomas West Hospital				
Distance in Miles	14.8 Miles	3.5 Miles	9.7 Miles	9.8 Miles
Drive Time	17 Min.	9 Min.	14 Min.	14 Min.
Vanderbilt University Medical Center				
Distance in Miles	13.0 Miles	3.9 Miles	7.9 Miles	8.0 Miles
Drive Time	18 Min.	13 Min.	15 Min.	14 Min.
Metro Nashville General Hospital				
Distance in Miles	14.5 miles	7.0 Miles	9.4 Miles	9.5 Miles
Drive Time	18 Min.	14 Min.	17 Min.	15 Min.

Source: Google maps, 12-26-14

Note: All hospitals are in Davidson County, other than Williamson Medical Center which is in Williamson County.

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(c) How were these standards developed (Industry 1500 and HCA 1800)? Did they consider factors such as average minutes per room, average minutes per level of care and room occupancy differences between 7-3, 3-11, and 11-7 shifts? If yes, how so?

The applicant is not aware of the processes used by the American College of Emergency Physicians to arrive at its recommendation.

HCA utilizes a large array of metrics to continuously monitor and improve its EDs' throughput and productivity. The analysis is not limited to the metrics cited in the question.

(d) The applicant states 256 patients have left prior to being screened or being treated in the ER at Southern Hills in 2013. However, Table 15 on page 45 in the application lists TriStar Centennial Medical Center's ER as having 48,146 patients presenting and 48,146 patients being treated in 2013. Please clarify why TriStar Centennial retains 100% of all patients presenting in the ER and Southern Hills Medical Center does not.

The applicant's Joint Annual Report correctly records separate numbers for patients presenting and patients treated. It appears that TriStar Centennial, Saint Thomas Midtown, and Metro General do not distinguish between those numbers in their Joint Annual Reports (see Table Fifteen).

The applicant cannot speak for Metro and Saint Thomas Midtown. However, TriStar Centennial reports that:

(a) The visits reported in the TriStar Centennial JAR are patients *treated*;

(b) The number of patients presenting is internally recorded as a percentage of patients treated, but that number is not reported in the JAR. In 2013, the patients presenting at their ED were only 0.5% higher than those treated. That said, please note in Table Fifteen that the difference between "presenting" and "treated" numbers is so tiny at reporting hospitals as to be negligible for planning purposes.

(e) There appears to a typographical error in the year referenced in the first paragraph on top of page 19. Please revise.

Attached after this page is revised page 19R, correcting “”CY20124” to “CY2014”.

6. Section C, Need, Item 2.

Please clarify if the long-range goal is to relocate the Southern Hill Medical Center to the location of the proposed surgery center and satellite ER in southwestern Davidson County. If so, please provide details of the long-range master plan.

There are no long-range plans to relocate TriStar Southern Hills Medical Center to this site.

7. Section C, Need, Item 3.
(a) On Table Ten-B on page 35 it is noted that 66.6% of patients in Year Two will be coming from Nashville in the 37211 Zip Code. If this is so, why isn't the applicant placing the satellite in the 37211 zip code?

One reason is that the applicant has access to an ideal location owned by its parent company, at the proposed location. Second, there is no need for the project to be within 37211 in order to serve the needs of a large part of 37211. Please refer to the maps after the following page, and note the following:

- The FSED site is only 1.7 miles and a 2-minute drive time from the western edge of zip code 37211, at the busy “Nipper's Corner” area.

- The FSED site is only 3.7 miles and 4 minutes drive time from the intersection of OId Hickory Boulevard and Nolensville Road (Hwy 31A)., which is almost on the eastern edge of the 37211 zip code.

- These maps indicate that approximately a third of the geographical area of zip code 37211 is actually closer to the FSED site than to the main campus ED. The residents of that area will use the satellite ED because it is more quickly accessible and will have shorter wait times (having lower utilization per room than at the main campus). It is rapidly accessible due to its location on a main east/west artery that goes through the southern part of the zip code and connects I-65 to I-24.

Note the use of the word "Demand" in the table. This is to clarify that after CY2014, it is not projecting what the main ED *can actually deliver* with only 22 rooms; it is projecting what the community *needs the hospital to deliver* at that location. Community demand for services will exceed 53,000 visits per year within five years.

In response to burgeoning demand, the hospital has continuously improved its emergency care processes through managing its metrics on a daily basis, increasing its throughput to meet demanding standards of efficiency while maintaining high quality outcomes. Utilization is so high already, however, that it is not likely that much more can be achieved to meet rising community need without adding significantly more treatment room capacity at some location.

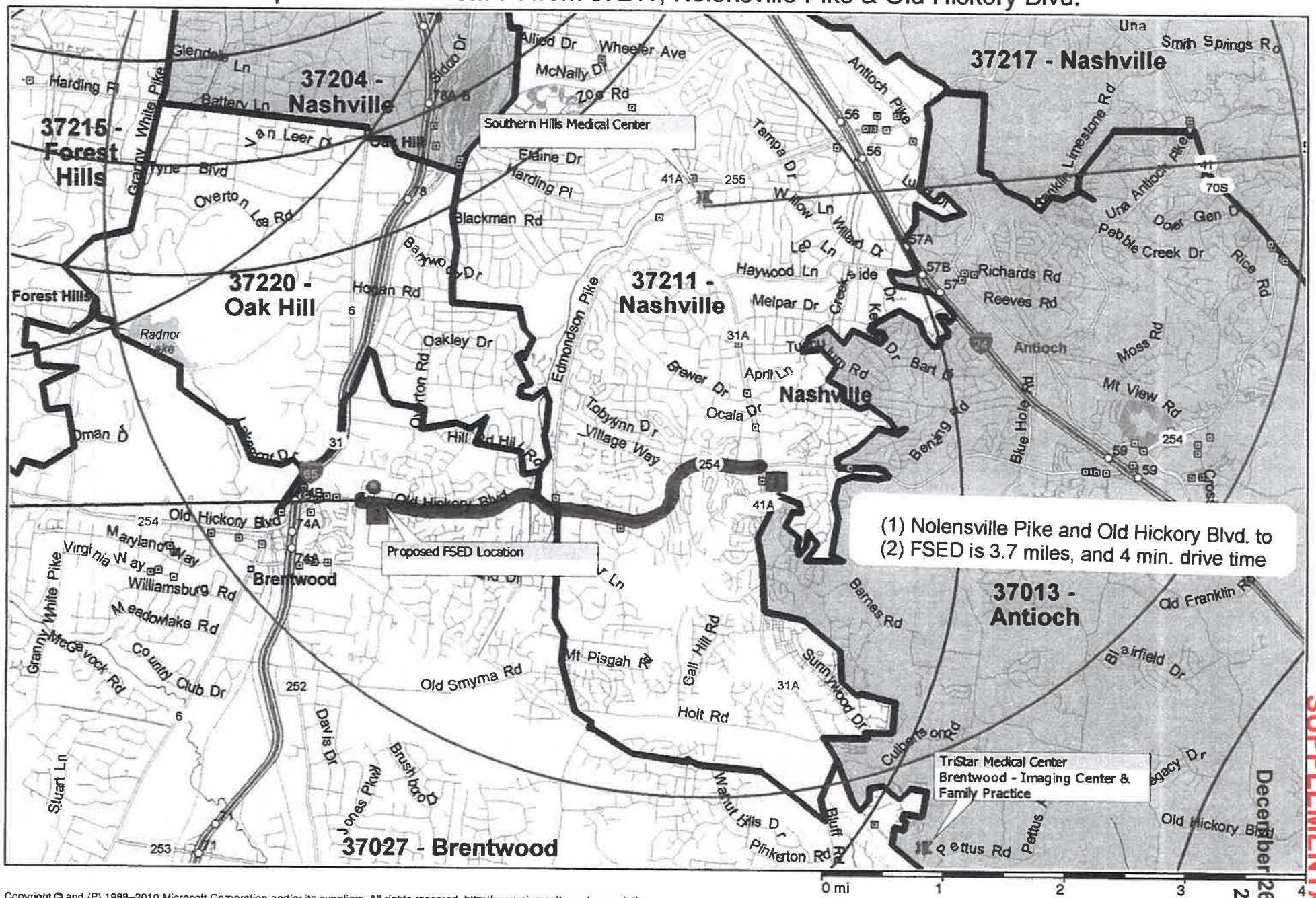
Line D shows the hospital's 19 existing treatment rooms and the 22 rooms that will be available after CY2015 through an internal renovation project that changes spaces within and adjacent to the Department. The 3 additional rooms are all that can be gained by internal renovations, because Imaging and Surgery adjoin the ED and they cannot be cannibalized to provide ED space. The hospital's ED cannot expand externally on the site, because of site limitations. The hospital occupies an excavated hilltop, and is closely surrounded either by drop-offs or stone outcroppings. All level land around the ED and its landscaping is occupied by circulation drives and very limited parking.

Lines E shows the average visits per room that would need to be provided through CY2021, at 22 beds. Visits are currently at 2,284 visits per treatment room. By CY2021 utilization would reach 2,426 visits per room--even with the addition of 3 more treatment rooms in the current renovation project.

Lines F and G and their subparts show how much this intensive utilization exceeds two planning standards for full utilization of an ED room, and how many more ED rooms are needed to meet planning standards.

Currently the SHMC ED is operating at 127% of the HCA standard (1,800 annual visits per room. It is operating at 152% of a widely used industry standard (1,500 annual visits per room). By CY2021, even with conservatively projected growth and the addition of 3 more treatment rooms, the SHMC ED will be asked to operate at 135% of

Proposed FSED Location from 37211, Nolensville Pike & Old Hickory Blvd.



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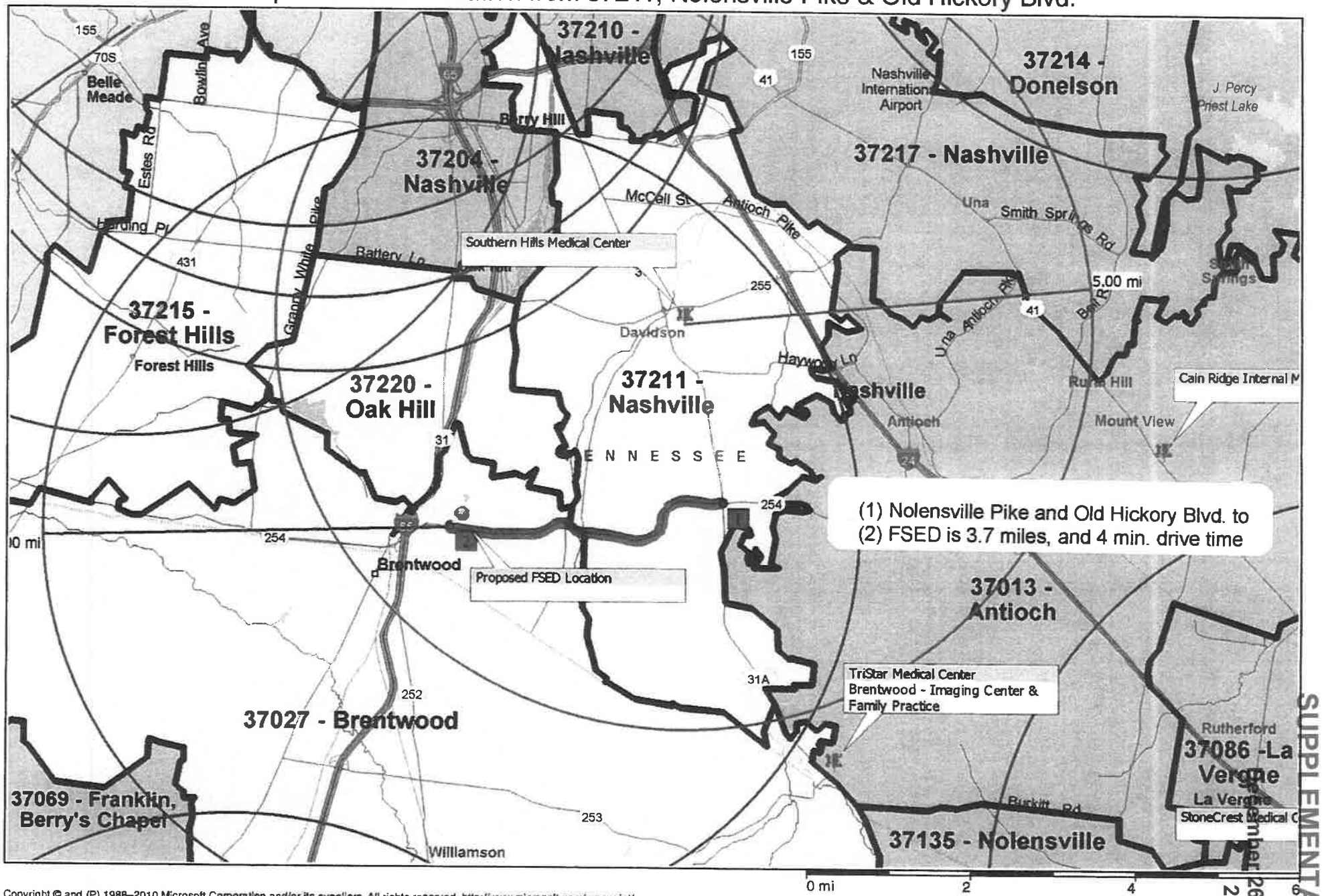
Proposed FSED Location from 37211, Nolensville Pike & Old Hickory Blvd.



(1) Nolensville Pike and Old Hickory Blvd. to
(2) FSED is 3.7 miles, and 4 min. drive time

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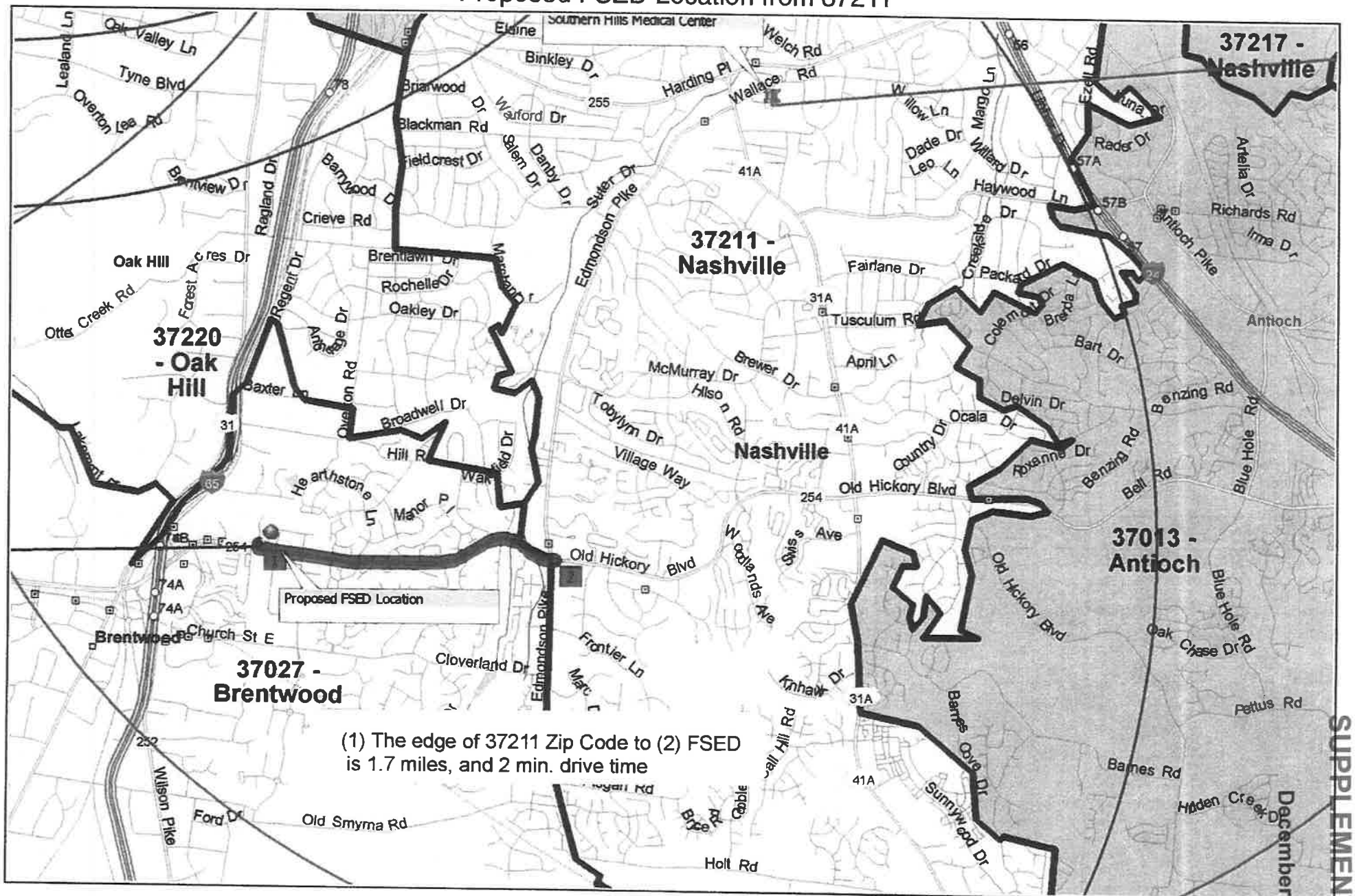
Proposed FSED Location from 37211



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(b) How many ER patients are projected to come from zip code 37250 where the proposed ER satellite site will be located?

The number of patients projected from the residential zip code containing the project site (37027) is 1,111 patient visits or 13.9% of the total proposed Year One visits.

The 37250 zip code was part of the mailing address applicable to American General Insurance, whose former property was purchased by HCA and is the location of this project. Attached for clarification after this page is a revised application page 1R of the application, correcting the zip code in section A.1.

(b) Table Ten-B is noted. However, please add a column for County and resubmit. This will clarify which county the zip codes are located within.

The estimated centroid of each zip code is the reference point since zip codes do not conform to county boundaries and often include parts of two or more counties.

Table Ten-B Supplemental: Projected Patient Origin By Zip Code

Zip Code	County of its Centroid	Percent of Total	Year One Visits	Year Two Visits
37027 Brentwood	Williamson	13.9%	1,111	1,167
37211 Nashville	Davidson	66.6%	5,327	5,593
37215 Forest Hills	Davidson	3.3%	261	274
37220 Oak Hill	Davidson	2.3%	187	196
Subtotal PSA		**86.1%**	**6,886**	**7,230**
Other Ea. < 5%		13.9%	1,111	1,167
Total		**100.0%**	**7,997**	**8,397**

7. Section C, Need, Item 5.

(a) What percentage of ER patients typically are admitted as inpatients and what percentage of ER patients are typically admitted for observation. Please discuss the pros and cons of these patients going to an ER at a hospital versus going to a satellite ER that would require a transfer by ambulance.

At the applicant's main campus ED, YTD 2014 through November, 7.31% of total ER patient visits have been admitted as inpatients. YTD 2014 through November, 3.52% of total ER patient visits have been admitted for observation.

(b) Please discuss the pros and cons of these patients going to an ER at a hospital versus going to a satellite ER that would require a transfer by ambulance.

The Emergency Medical Services teams (EMS) will typically respond to patients that need serious emergency treatment. EMS teams will select the appropriate ED, based on the patient's condition. If the patient is suffering from severe trauma, a heart attack, or possible stroke, they will bypass any FSED and will go to the nearest facility that provides full coverage and inpatient options on-site, for these most critical types of emergencies. So the presence of an FSED will not be a negative factor in the quality or responsiveness of emergency care.

On the contrary, it will benefit the service area. The advantage of having the FSED is that is closer to a defined population area than any other Emergency Provider, which will reduce the time it takes for patients in that area to reach ED physicians and be medically stabilized. The goal of an FSED is to provide the best care possible to an emergent patient by "Stabilize, Treat and Discharge", or "Stabilize and Transfer", which is just the same as any other hospital emergency department's goal.

From a quality of care standpoint, there is no downside. The FSED will be a department of the hospital and will provide the same level of care that the main hospital Emergency Department provides. It will be staffed with the same type and similarly trained Physicians and Nurses as the hospital ED. Patients can expect the same type of care to be provided.

8. Section C, Need, Item 6.

(a) Please clarify the process the hospital management team used to estimate the percentage of each zip code's visits that would likely have come to the satellite had it been open (page 48).

The process used was the same one the applicant used successfully to project utilization for HCA's TriStar Centennial satellite ED at Spring Hill. Its second year of operation was projected in the approved CON application to be 8,161 visits. This November, the applicant found that its January-October (10 months) utilization annualized to 8,297 visits.

For this TriStar Southern Hills satellite ED project, we took the current ED volumes that presented to TriStar Southern Hills Medical Center's current emergency room for 2013 and analyzed that volume to determine a percentage of patients that we projected would utilize the proposed FSED. We did this based on all patient volume out of the zip codes that surround the proposed location site and where these patient's went for ED services within 2013.

We broke this down for the primary 4 zip codes of 37211 – Nashville, 37027 – Brentwood, 37220 – Nashville/Oak Hill, and 37215 – Nashville/Forest Hills as the proposed center's primary service area (PSA). Most of the areas of these 4 zips are within a 5 mile radius of the center and are easily accessible to the site (see map following this page). We also looked beyond these 4 PSA zip codes to additional zip codes from which TriStar Southern Hills attracted a large amount of the facility's ED volumes for 2013 and analyzed volumes from 4 additional zip codes to complete the total volume picture. These additional 4 zip codes are 37013 – Antioch, 37067 – Franklin, 37069 – Franklin, and 37135 – Nolensville.

The management team then looked at a specific zip code and based on the location of the proposed FSED to the location of the zip code and accessibility of driving to the location estimated how much patient volume would come to the new center out of existing patient ED volumes.

For example, for Southern Hills Medical Center the facility ED had 16,709 ED visits from zip code 37211 in 2013. Based on (a) the close proximity of the proposed FSED to the zip code (1.7 miles and 2 minutes' drive time), (b) the access available within the zip code of Old Hickory Blvd. (4 lane road with East/West easy access to the proposed FSED), and (c) the fact that Old Hickory Blvd. intersects the zip code at approximately 1/3 of its geographic area, we estimated that 25% of the zip 37211 patients would choose to visit the new FSED in the future--to achieve easier access, quicker drive time, and less waiting time.

We took the 25% estimate and applied it to the 2013 ED utilization of 16,709 visits and estimated that 4,177 patient visits would come to the new center from 37211 zip code.

This is the type of analysis we did for each zip code to determine estimated volume to the proposed new center. We estimated volume out of 37215 – Nashville/Forest Hills because of easy access along Old Hickory Blvd. and from 37220-Nashville/Oak Hill because of close proximity to the center down Interstate I-65, and from 37027 – Brentwood because of easy access from I-65 North and from Old Hickory Blvd.

We estimated for zip code 37027 that the FSED would have captured 50% of our main campus volume, which would be 337 patients of the total 673.

We estimated for zip code 37220 that the FSED would have captured 50% of our main campus volume, which would be 93 patients of the total 185.

We estimated from 37215 that the FSED would have captured 50% of our current volume to the center, which would be 26 patients of the total 52.

We then took this same thought process and applied it to all patients presenting to other emergency departments throughout the greater Nashville area to estimate additional volumes. For example, we estimated that out of the volume of patients going to Centennial's emergency department from 37211 (1,550 visits) that 10% would choose to go to the new FSED for a total of 155 visits.

We continued this process for other hospitals, for all patients out of the 8 total zip codes, to determine a first year estimated patient volume of 7,998 visits.

(b) If a Davidson County health care provider opened an urgent care close to the proposed satellite ER site, what impact would that cause on the projected utilization? Are there existing urgent care centers in the applicant's service area?

There are already several urgent care providers in or near the primary service area zip codes. Because this project is based on actual ED visits from those zip codes, i.e. patients who are bypassing the urgent care centers for any number of reasons, the applicant believes that these urgent care clinics will not affect the projected utilization of the proposed FSED.

Attached at the end of this response letter is information identifying these clinics, with their locations and hours of service--and in the case of one group of clinics, their scope of services.

(c) Table Nine-B on page 52 is noted. Please define Level I-Level V emergency room visits.

Please see the definitions on the following page.

DEFINITIONS OF ACUITY
USED BY TRISTAR SOUTHERN HILLS MEDICAL CENTER ED
FOR TRIAGE

I. (Non-Urgent): Condition requires no ED resources. Appropriate patients for care in a fast track area.

Vital Signs: Once only unless condition changes and upon discharge; if stay in the ED exceeds 90 minutes or if any vital signs were abnormal upon arrival.

II. (Less-urgent) Condition requires one resource for a disposition decision to be reached. These patients may safely wait for evaluation. Routine care is required. Care can be delayed for patient to be treated with more acute problems. Appropriate patients for care in a fast track area.

Vital Signs: Only once unless condition changes and upon discharge; if stay in the ED exceeds 90 minutes or if any vital signs were abnormal upon arrival.

III. (Urgent) These patients require 2 or more resources (labs, EKG, X-ray, IV Fluids) for a disposition decision to be reached. The patient is stable for the interim but requires emergency department resources.

Vital Signs: Upon triage then every hour if one or more vital sign fall out of normal parameter. Otherwise as condition warrants.

IV. (Emergent) Condition requires expeditious treatment. These patients have potential threat of loss of life, organ, limb or vision and should be seen as soon as possible in the ED or any other appropriate safe environment.

Vital signs: Upon arrival and then q5 – 15 minutes until stable. Then every 30 minutes X 2, then every hour and PRN as warranted by the patient's condition.

V. (Resuscitation) These patients have an immediate problem within primary survey components. They present with no airway, breathing, and circulation or are unresponsive. Reassessment is continuous.

Vital Signs: Upon arrival and then q5 – 15 minutes until stable. Then every 30 minutes x 2, then every hour and PRN as warranted by the patient's condition.

(d) Please clarify if there is a shortage of primary care physicians in the applicant's service area that would force patients to go to an emergency room for routine treatment.

The applicant has no information on whether there is a current shortage of primary care physicians in the four primary service area zip codes.

(e) Please complete the following table for patient origin by zip code for CY 2014 (January-October Annualized) for zip codes with patient origin over 0.15%.

Patient Zip Code	Patient City	Patient County	Total	Cumulative Patients	% by Zip Code	Cumulative %	Annualized Patients 2014

That data is provided in Table Eleven on page 37 of the submitted application.

10. Section C. Economic Feasibility Item 1 (Project Cost Chart) and Item 3

(a) Please clarify Interim Financing in the amount of $225,000.

In financing its projects, HCA internally books to a project an interest charge for the use of funds during the construction period, which equates to "construction interest" that is charged by lenders in commercial mortgage financing.

(b) Please clarify why the total construction cost of $350.00/sq. ft. is higher than the 3rd quartile construction cost of $324.00 for Hospital projects approved by the Agency from 2011 to 2013.

The project's construction costs reflects current experience of similar projects now being opened by HCA at other locations. Also, construction costs in this area have been rising rapidly; so cost averages from 2011-2013 are logically not a good comparison to projects that will start construction in 2015.

11. Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)
(a) Table 18 on page 68 is noted. Please define each CPT Code in the range 99281-99285.

HCPCS	Description
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and ***Straightforward*** medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An ***expanded*** problem focused history; An expanded problem focused examination; and Medical decision making of ***low*** complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of ***low to moderate*** severity.
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An ***expanded*** problem focused history; An ***expanded*** problem focused examination; and Medical decision making of ***moderate*** complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of ***moderate*** severity.
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A ***detailed*** history; A ***detailed*** examination; and Medical decision making of ***moderate*** complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of ***high*** severity, and require ***urgent*** evaluation by the physician or other qualified health care professionals but ***do not*** pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components ***within the constraints imposed by the urgency of the patient's clinical condition and/or mental status***: A ***comprehensive*** history; A ***comprehensive*** examination; and Medical decision making of ***high*** complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of ***high*** severity and pose an ***immediate*** significant threat to life or physiologic function.

(b) Please provide the reasons for the dramatic increase in net income in Southern Hills ER's Historical Data Chart between 2012 and Annualized 2014.

This increased net income is driven by an increased annualized volume of emergency patients increasing Net Operating Revenue by $1,410,908 along with a reduction in total operating expenses. Staffing expense decreased year over year based on the combination of higher contract labor in 2013 than the current year, and increased staffing efficiency with a higher volume.

12. Section C, Economic Feasibility, Item 5
Table 16 A and 16 B is noted on page 66. The applicant incorrectly refers to net operating income as Net Operating Revenue in the 2 tables. Please revise.

Revised page 66R is attached following this page.

13. Section C, Economic Feasibility, Item 8
Please indicate when the applicant expects to break even with this project.

Based on the HSDA format for income and expense projections, the project will break even in Year Three. However, from the applicant's standpoint, the project's "EBDITA" (earnings before depreciation, interest, and taxes) is positive in Year One and beyond. So its financial feasibility is assured.

14. Section C, Economic Feasibility, Item 9
(a) What is the payor mix of ERs in the service area?

The Joint Annual Reports section on Emergency Departments provides visits by payor classification, not by gross revenues. Attached following this page is a table comparing the 2013 JARs' payor mix by visits, for primary service area hospitals.

(b) Table 19 on the bottom of page 69 is noted. However, it appears the percentage of Gross Revenue represents Year One, not Year Two. Please clarify.

You are correct. Attached after this page is a revised page 69R correcting that column heading.

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December 26, 2014
2:15pm

EMERGENCY DEPARTMENT PAYOR MIX BY VISITS
GENERAL HOSPITALS OF DAVIDSON & WILLIAMSON COUNTIES
2013

HOSPITAL EMERGENCY DEPARTMENT	PERCENTAGE OF VISITS BY PAYOR				
	MEDICARE	MEDICAID / TENNCARE	SELF PAY	COMMERCIAL / BCBS	OTHER
Williamson Medical Center	24.94%	12.64%	12.95%	45.39%	4.08%
Metro Nashville General Hospital	7.99%	23.26%	52.35%	9.00%	7.40%
St. Thomas Midtown Hospital	25.23%	27.07%	17.93%	26.32%	3.45%
St. Thomas West Hospital	39.17%	11.16%	12.68%	34.04%	2.96%
TriStar Centennial Medical Center	23.34%	30.87%	13.48%	29.95%	2.37%
TriStar Skyline Medical Center	23.89%	31.76%	22.79%	18.66%	2.89%
TriStar Southern Hills Medical Center	14.98%	35.82%	27.26%	19.22%	2.72%
TriStar Summit Medical Center	21.66%	25.16%	17.77%	31.67%	3.74%
Vanderbilt University Medical Center	14.13%	35.73%	10.93%	33.64%	5.58%

Source: TN Department of Health, Joint Annual Reports of Hospitals, 2013.

C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.

Table Sixteen-A: TriStar Southern Hills Emergency Department Average Charge Data for Satellite Facility		
	CY2017	**CY2018**
Visits	7,997	8,397
Average Gross Charge Per Visit	$3,684	$3,980
Average Deduction from Operating Revenue	$3,164	$3,451
Average Net Charge (Net Operating Income)	$520	$529
Average Net Charge (Net Operating Income) Per Visit, After Expenses	-$2	-$6

Table Sixteen-B: TriStar Southern Hills Emergency Department Average Charge Data for Consolidated Facility		
	CY2017	**CY2018**
Visits	50,114	51,778
Average Gross Charge Per Visit	$4,238	$4,285
Average Deduction from Operating Revenue	$3,728	$3,760
Average Net Charge (Net Operating Income)	$511	$524
Average Net Charge (Net Operating Income) Per Visit, After Expenses	$44	$55

Note: The satellite's average gross charge is lower than the main campus ED's and the consolidated ED's because the satellite will have a lower mix of higher acuity cases. This is because of differences in the main ED's more extensive zip code referral area. Level Five cases at the satellite will be 5% of Year One visits, compared to 12% at the main campus. See Table Nine-Acuity above (p. 52).

C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.

Table Eighteen in the response to question C(II) 6.B below provides the hospital's current average gross charges by level of care (5 = highest acuity and most resource-intensive patients). It provides current Medicare reimbursement by level of care. It projects the Years One and Two charges by level of care, for the proposed I-65 satellite ED. Although the satellite Emergency Department is projected to operate with a negative or very small margin, the consolidated projection for the main campus and satellite EDs is that together they will maintain a positive operating margin and will have no adverse impact on the hospital's other charges.

C(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.

The proposed satellite ED will have the same charge structure as the main ED. It will have a positive cash flow its first two years and thereafter. The two departments consolidated will operate with a positive financial margin and will have a positive cash flow.

C(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.

The proposed satellite ED will not have a positive operating margin on the HSDA Projected Data Chart; but it will have a small positive cash flow. More important, it is part of a larger Emergency Department, whose consolidated financial performance is shown in a second Projected Data Chart that documents financial viability in both Years One and Two.

C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

This project, like all emergency rooms in Tennessee, are subject to Federal laws that require the provision of clinically appropriate emergency medical care to every patient presenting. So there will be complete accessibility for all of the above groups. Table Nineteen below provides anticipated gross revenue data for the project.

Table Nineteen: TriStar Southern Hills Satellite Emergency Department Service to Special Needs Groups

Category	Amount of Gross Revenues, Yr. 1	Percentage of Gross Revenues, Yr. 1
Medicare Payor Mix	$5,598,160	19%
Medicaid/TennCare Payor Mix	$9,133,840	31%
Charity Care/Uninsured Payor Mix	$7,071,360	24%

15. Section C, Orderly Development, Item 1.

(a) What is the closest hospital to the proposed satellite emergency room? Is there a transfer agreement with that hospital? If not, why?

The closest hospital is TriStar Southern Hills Medical Center. As shown in Table Seven, page 27 of the application, the two are 5.0 miles apart. The next closest to the project site is Vanderbilt Medical Center, at 9.3 miles. Williamson Medical Center is 10.1 miles south, down I-65 in Franklin. There is no transfer agreement needed between TriStar Southern Hills and its own Satellite.

(b) Please define the Emergency Medical Treatment and Labor Act (EMTALA).

The following definition is from the CMS website:

"Emergency Medical Treatment & Labor Act (EMTALA)

In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented."

(c) Southern Hills Medical Center does not provide OB services. Please indicate where emergency OB patients will be referred for treatment from the proposed satellite ER. Also, please clarify if the OB patients would be admitted directly to the receiving facility, or would need to admit through the receiving hospital's ER.

OB patients that are in active labor will be treated similarly to patients currently presenting to the Emergency Department at TriStar Southern Hills Medical Center, which has no obstetrics service. Active labor patients that present to the FSED will have a Medical Screening Exam by the Physician provider on duty to ensure delivery is not eminent. The patient would then be transferred emergently to Centennial Women's hospital, or to another hospital based on the patient's preference and whethe she has a preferred OB/GYN delivering physician practicing elsewhere.

If the patient's delivery is imminent the Physician and Nursing Staff at the FSED will be capable of performing the delivery and then will transfer the Mother and baby to a hospital with Obstetrics services. Equipment and supplies will be maintained at the FSED for deliveries and to take care of the newborn. These same supplies and equipment are kept at TriStar Southern Hills hospital ED currently.

It is not often that the hospital has a live delivery at the Emergency Room. This year there have been only 3 births within the main campus Emergency Department.

TriStar Southern Hills has OB/GYN physicians on active staff at the facility. If a patient is not in active labor, but is at the Emergency Room for some other OB related issue, the patient's can be followed up by these other OB/GYN providers. The following OB/GYN physicians are on active staff at the hospital: Kristin Dobay, MD; Maria Perales, MD; and Stephen Staggs, MD.

Drs. Dobay, Perales and Staggs each maintain separate offices on campus at TriStar Southern Hills Medical Center. Dr. Staggs also has an office in Brentwood and performs deliveries at the Women's and Children's Hospital at TriStar Centennial Medical Center, and Dr. Dobay has a 2nd office located on campus at TriStar Centennial Medical Center and does delivers at TriStar Centennial Medical Center.

The process for admission to the other facilities would be dependent on each hospital's process, and not the proposed FSED. All TriStar facility transfers are coordinated with the TriStar Transfer office; and they would be handled as direct admissions at the receiving TriStar hospital.

16. Section C, Orderly Development, Item 2.

(a) Please explain the difference between an Urgent Care Clinic and a Satellite ER. Please include hours of operation, the patient costs (including copay) for each service, and any CPT code overlap.

Urgent Care clinics vary in their scope of service, hours, and coding. They are not licensed so no JAR data is available on them.

The applicant and the applicant's company do not operate any urgent care centers, and cannot address your questions other than to provide information on hours and scope of service that may be available on local websites. These are provided at the end of the response letter, for three urgent care providers who operate clinics in Williamson County and south Davidson County.

One of those providers is CareSpot. TriStar owns a minority interest in that company; and its clinics are affiliated with TriStar, as the materials show. The applicant does not anticipate that the FSED will have any significant impact on the Brentwood or Cool Springs CareSpot locations.

(b) Please complete the following chart indicating if the following conditions can be treated at an urgent care, hospital emergency room, or satellite ER.

Urgent care centers vary in their scope of service. The following entries in the chart are the applicant's estimate of the scope of services at typical urgent care clinics. An "X" denotes that the condition or need can be addressed at the facility in question. The ED entries in the table include the ability to treat the simplest conditions, because patients often present looking for that kind of care when they have no access to an urgent care clinic or physician office--either due to the time of day, or from lack of financial access.

Condition/Need	Urgent Care	Southern Hills Hospital ER	Proposed ER Satellite ER
Broken Bones		x	x
Basic Lab Services		x	x
Complex Lab Services		x	x
Basic Radiological Services	x	x	x
Complex Radiological Services		x	x
Fevers/Rashes	x	x	x
Sore Throat/ Ear Infections	x	x	x
Orthopedic Care Requiring an MRI		x	
Prescriptions Written	x	x	x
Migraines	x	x	x
Minor Burns	x	x	x
Respiratory Infections	x	x	x
X-Rays	x	x	x
Advanced Life Support		x	x
Severe Chest Pain		x	x
Deep Puncture Wounds		x	x
Traumatic Injuries		x	x
Dizziness	x	x	x
Patients in Labor with medical problems		x	x
Patients requiring surgery		x (not major trauma)	x (not major trauma)
The Flu	x	x	x
Back Pain	x	x	x
Sprains	x	x	x
Toothache	x	x	x

(c) Please explain if there are any drop offs, hilltops, or other barriers at the proposed location that would prevent future expansion.

There are no such site features. The ASTC and ED will require significant landfill prior to construction; but once that is done the entire property will be reasonably level and accessible. There are no elevations or other such barriers to consider. The current site is 14 acres, so it has ample room for expansion of these proposed facilities.

16. Section C, Orderly Development, Item 3.
Since the proposed service is a 24/7 service. Please complete the following chart:

The applicant uses 12-hour shifts. There will be 7 staff members at the FSED 7 days a week. The table below shows the projected staffing pattern.

Position	7 am-7 pm # FTEs	7 pm to 7 am # FTEs
RN	2	2
X-Ray/CT Tech	1	1
Lab Tech	1	1
Environmental Svc. Tech	1	1
Armed Security Guard	1	1
Total	7	7

Please explain the reason why the applicant would need an armed security guard for the proposed ER satellite.

The TriStar Division provides armed security at our hospital facilities to protect patients, visitors, and staff. Because the project is an Emergency Department and off-site of the main campus, it is important to provide the same level of security. This security staffing is also provided at the TriStar Spring Hill Emergency Department, a department of TriStar Centennial Medical Center.

Additional Items From Applicant

1. Attached is revised page 5R of the application, correcting the information on the number of TriStar hospitals.

2. Attached is revised page 27R of the application, correcting the name of the zip code 37215 in the fifth row down.

3. Attached at the end of this letter is a copy of the applicant's last Joint Commission survey report.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn

John Wellborn
Consultant

SECTION B: PROJECT DESCRIPTION
B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.

Proposed Services and Equipment

• TriStar Southern Hills Medical Center is an HCA general acute care hospital serving southern Davidson County and adjoining areas. Its Emergency Department (ED) needs a major expansion of capacity, which is not possible on the landlocked main campus. This project will provide additional ED capacity in the form of a satellite "freestanding ED" facility, located 5.0 miles away in southern Davidson County close to I-65. The site is 9-11 miles from existing Emergency Rooms in Davidson and Williamson Counties. The satellite will be developed in a leased building to be constructed by an HCA affiliate.

• The proposed facility will operate as a Department of TriStar Southern Hills Medical Center. It will be a full-service Emergency Department, operating 24 hours daily. It will be staffed by the same Emergency Physician group that staffs the main hospital ED, and will have the same clinical competencies as the main ED. It will have the same State classification as the main Emergency Room on the hospital campus.

• The proposed 10,813 SF facility will have eight treatment and exam rooms, including an oversized trauma room and a secure (psychiatric) holding room. Treatment rooms will be fully equipped and supplied to care for adult and pediatric patients. Ancillary services will include CT, x-ray, ultrasound, and laboratory services appropriate for emergency care.

• The applicant belongs to HCA's TriStar Health network. This integrated acute care system includes 8 tertiary and community hospitals in Middle Tennessee (4 of them with 7 hospital facilities in Davidson County alone). TriStar hospitals collectively care for more than a half million emergency visits annually. In CY2013, TriStar's four Davidson County hospitals collectively treated 41% of all ED visits in Davidson and Williamson Counties. Their utilization was comparable to the 43% of area ED visits treated in the Vanderbilt (25.2%) and the St. Thomas (17.9%) systems combined. TriStar and its parent company HCA also have deep expertise in the development and operation of freestanding satellite Emergency Care facilities, with 42 such satellite ED's in operation and 15 under construction nationally. One of these is the TriStar Centennial satellite ED in Spring Hill, Maury County, Tennessee's first such facility to receive CON approval.

• The project will be a satellite department of TriStar Southern Hills Medical Center, which is owned by HCA Health Services of Tennessee, Inc., whose ultimate parent company is HCA Holdings, Inc. Attachment A.4 contains more details, an organization chart, and information on the Tennessee facilities owned by this facility's parent organization.

Table Seven: Distances and Drive Times from Project Site (Old Hickory Boulevard/SR254 at American Way) To Locations in the Primary Service Area Zip Codes				
Map Key	**Intersection**	**Zip Code and Its Post Office Name**	**Distance in Miles**	**Drive Time**
1	I-65 @ Old Hickory Blvd (SR254)	37027 Brentwood	1.0 mi.	5 min.
2*	Concord Rd. (SR 253) @ Wilson Pk. (SR 252)	37027 Brentwood	4.6 mi.	7 min.
3	I-65 @ Moore's Lane (SR 441)	37027 Brentwood	5.7 mi.	7 min.
4	Concord Rd. (SR 253) @ Bluff Rd.	37027 Brentwood	7.0 mi.	15 min.
5	Hillsboro Pk. (US 431) @ Old Hickory Blvd. (SR 254)	37215 Nashville	5.2 mi.	12 min.
6*	Harding Pl. (SR 255) @ Hillsboro Pk. (SR 431)	37215 Nashville	7.9 mi.	13 min.
7	Harding Pl. (SR 255) @ Trousdale Dr.	37215 Nashville	4.7 mi.	7 min.
8*	Harding Pl. (SR 255) @ Nolensville Rd. (SR 11)	37211 Nashville	4.8 mi.	11 min.
9	Old Hickory Blvd. (SR 254) @ Nolensville Rd. (SR 11)	37211 Nashville	3.7 mi.	7 min.
10*	Franklin Rd. (SR 6) @ Hogan Rd.	37220 Nashville	7.1 mi.	14 min.

Source: Google Maps, 12-6-14

* *Indicates approximate centroid of the zip code*

Table Eight: Distances and Drive Times from Project Site To Hospital Emergency Departments in the Primary Service Area Counties			
Emergency Departments	**County**	**Distance in Miles**	**Drive Time in Minutes**
Williamson Medical Center	Williamson	10.1	14
Metro Nashville General Hospital	Davidson	12.4	14
St. Thomas Midtown Hospital	Davidson	10.8	17
Saint Thomas West Hospital	Davidson	11.2	14
TriStar Centennial Medical Center	Davidson	10.6	16
TriStar Skyline Medical Center	Davidson	17.8	22
TriStar Southern Hills Medical Center	Davidson	5.0	11
TriStar Summit Medical Center	Davidson	17.8	20
Vanderbilt University Medical Center	Davidson	9.3	16

Source: Google Maps, 12-5-14.

SUPPLEMENTAL- 1

December 26, 2014
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Vanderbilt Health Walk-In Clinics

Hours, All Locations:

Mon-Fri	7:30 am-7:30 pm
Sat-Sun	8 am - 5 pm

Locations Closest to FSED Project:

134 Pewitt Drive, Brentwood 37027

919 Murfreesboro Road (Highiway 96), Franklin 37064

1834 West McEwen Drive, Franklin 37067

206 Bedford Way, Franklin 37064

SUPPLEMENTAL- 1

December 26, 2014
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Services

We combine quality care with convenience. All of our clinics are staffed with Vanderbilt doctors and nurse practitioners. We provide exams, physicals, vaccinations, screenings and treatments for minor injuries and illnesses.

Below is a list of some of the services provided at the My Health Walk-in Clinics.

Common Illnesses and Minor Injuries

- Animal bites
- Back pain/strains
- Bladder infections
- Bug bites
- Concussion
- Cough
- Ear infections
- Eye infections
- Flu and colds
- Headaches
- Hemorrhoids
- Laryngitis
- Poison ivy
- Rashes
- Sinus infections
- Sprains/injuries
- Sore throats
- Stitches
- Stomach bugs

Physicals

- Adoption physicals
- Camp/sports physicals (not school physicals)
- Department of Transportation (DOT) physicals
- Pre-employment physicals

Vaccinations

- Diphtheria
- Flu

SUPPLEMENTAL- 1

December 26, 2014
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- Hepatitis A/B
- Meningitis
- MMR
- Pertussis
- Tetanus

Screening and Testing

- Breathing treatments
- Drug screenings
- EKG
- Lab testing
- Pregnancy testing
- STD testing
- TB skin testing
- X-ray

There are some things we are not able to do in our clinic. Please see your primary care doctor for birth control, morning after pills, impotence, ADD/ADHD medications, weight loss and long-term care medications for cholesterol, diabetes, pain and anxiety.

SUPPLEMENTAL- 1

December 26, 2014
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All Locations

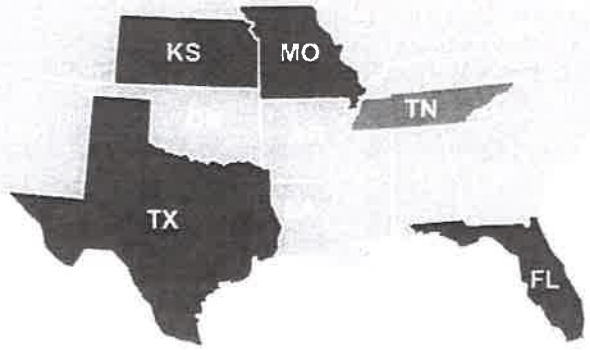
CareSpot makes it easy to save your spot online or by phone before walking in.

You can also make an appointment for later.

Find a CareSpot

ZIP or City, State

Browse all locations
Browse CareSpot services



From Our Customers

Dr. Kevin was awesome!

H.G.
17 minutes ago
Cool Springs

See more

Tennessee

Memphis

Bartlett
3025 Kirby Whitten Rd
Ste 4 & 5
Bartlett, TN 38134
901-401-4989
Monday - Friday, 8 a.m. - 8 p.m.

Cordova
1645 N Germantown Pkwy
Cordova, TN 38016
901-402-6984
Monday - Friday, 8 a.m. - 8 p.m.
Saturday - Sunday, 8 a.m. - 8 p.m.

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Email address

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Saturday - Sunday, 8 a.m. - 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Nashville

in affiliation with TriStar Health

Brentwood
210 Franklin Rd
Ste 4B
Brentwood, TN 37027
615-283-4490
Monday – Friday, 8 a.m. – 8 p.m.
Saturday – Sunday, 8 a.m. – 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Cool Springs
100 International Dr
Ste 106
Franklin, TN 37067
615-541-5018
Monday - Friday, 8 a.m. - 8 p.m.
Saturday - Sunday, 8 a.m. - 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, Closed.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Donelson
2372 Lebanon Pike
Nashville, TN 37214
(615) 610-1756
Monday - Friday, 8 a.m. - 8 p.m.
Saturday - Sunday, 8 a.m. - 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Green Hills
2001 Glen Echo Rd
Nashville, TN 37215
615-348-7346
Monday – Friday, 8 a.m. – 8 p.m.
Saturday – Sunday, 8 a.m. – 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, Closed.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Hendersonville
280 Indian Lake Blvd
Ste 140
Hendersonville, TN 37075
615-378-8688
Monday – Friday, 8 a.m. – 8 p.m.
Saturday – Sunday, 8 a.m. – 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Hermitage
5225 Old Hickory Blvd
Ste 205
Hermitage, TN 37076
615-348-7349
Monday – Friday, 8 a.m. – 8 p.m.
Saturday – Sunday, 8 a.m. – 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Lebanon
1705 W Main St
Ste 211
Lebanon, TN 37087
615-283-4063
Monday – Friday, 8 a.m. – 8 p.m.
Saturday – Sunday, 8 a.m. – 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Mt. Juliet
669 S Mt Juliet Rd
Mt Juliet, TN 37122
615-541-5958
Monday - Friday, 8 a.m. - 8 p.m.
Saturday - Sunday, 8 a.m. - 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

Murfreesboro
1340 NW Broad St
Murfreesboro, TN 37129
615-348-5115
Monday - Friday, 8 a.m. - 8 p.m.
Saturday - Sunday, 8 a.m. - 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

West End
3404 West End Ave
Ste 101

December 26, 2014
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SUPPLEMENTAL- 1

Nashville, TN 37203
615-541-5951
Monday - Friday, 8 a.m. - 8 p.m.
Saturday - Sunday, 8 a.m. - 8 p.m.
HOLIDAY HOURS:
Christmas Eve, 8 a.m. - 5 p.m.
Christmas Day, 10 a.m. - 6 p.m.
New Year's Eve, 8 a.m. - 6 p.m.
New Year's Day, 10 a.m. - 6 p.m.

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Open 7 Days A Week
No Appointment Necessary!

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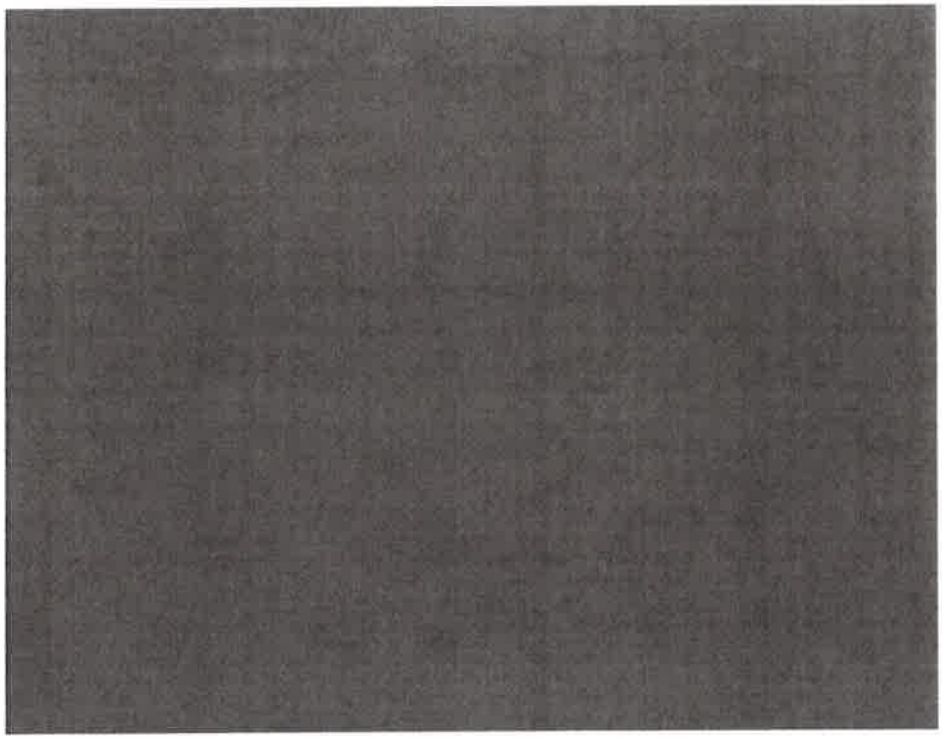
Brentwood Urgent Care & Walk In Clinic

Our Brentwood Urgent Care and Walk In Clinic is located in The Shops at Seven Springs on the corner of Old Hickory Blvd and Seven Springs Way.

Hours of Operation:
Mon – Friday: 7a to 7p
Sat – Sunday: 9a-7p

Address:
700 Old Hickory Blvd
Suite 207
Brentwood, Tennessee 37027
Phone: **(615) 457-3864**
Fax: (615) 457-3876



Testimonial from Facebook

Thanks Physicians Urgent Care and Dr. David Whetstone! My son, did a little "spin move" jumping into the pool this afternoon and needed 3 stitches. We were in and out in about 20 minutes. Cannot say enough about how FABULOUS all the staff were. I wasn't even finished with signing paperwork before he was stitched **Read More**

Read More

Physicians Urgent Care has emergency walk-in-clinics located in Brentwood and Franklin, TN offering urgent care for children, adults and seniors. Our emergency room doctors provide treatment for colds, flu, upper respiratory infections (URI), nausea, vomiting, diarrhea, ear infection, sinus infections, allergies, asthma, pneumonia, urinary tract infections (UTI), and trauma such as burns, fractures, sprains, dislocations, cuts, lacerations and abrasions, foreign body removal and work-related injuries. We offer convenient on-site lab, x-ray, school physical, camp physical, vaccinations and care for non lifethreatening emergencies.

SUPPLEMENTAL- 1

Physicians Urgent Care
Emergency Physicians

Open 7 Days A Week
No Appointment Necessary!

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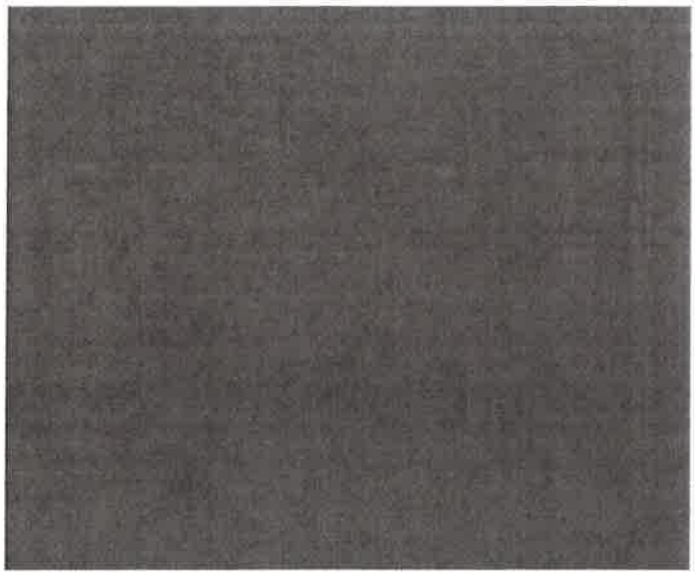

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Testimonial from Facebook

Thanks Physicians Urgent Care and Dr. David Whetstone! My son, did a little "spin move" jumping into the pool this afternoon and needed 3 stitches. We were in and out in about 20 minutes. Cannot say enough about how FABULOUS all the staff were. I wasn't even finished with signing paperwork before he was stitched **Read More**

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Physicians Urgent Care has emergency walk-in-clinics located in Brentwood and Franklin, TN offering urgent care for children, adults and seniors. Our emergency room doctors provide treatment for colds, flu, upper respiratory infections (URI), nausea, vomiting, diarrhea, ear infection, sinus infections, allergies, asthma, pneumonia, urinary tract infections (UTI), and trauma such as burns, fractures, sprains, dislocations, cuts, lacerations and abrasions, foreign body removal and work-related injuries. We offer convenient on-site lab, x-ray, school physical, camp physical, vaccinations and care for non lifethreatening emergencies.

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SUPPLEMENTAL- 1

December 26, 2014
2:15pm

The Joint Commission

SUPPLEMENTAL- 1

December 26, 2014
2:15pm

Southern Hills Medical Center
391 Wallace Road
Nashville, TN 37211

Organization Identification Number: 7890

Program(s)
Hospital Accreditation

Survey Date(s)
06/10/2013-06/12/2013

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), Requirements for Improvement have been identified in your report.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.05.01	EP6,EP8
	EC.02.05.07	EP1,EP2,EP5
	EC.02.05.09	EP1,EP3
	LS.01.01.01	EP2

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.01.01	EP5
	EC.02.02.01	EP11
	EC.02.03.05	EP3,EP6,EP25
	LD.04.01.05	EP4
	LS.02.01.10	EP4
	LS.02.01.30	EP11
	LS.02.01.35	EP14
	LS.02.01.50	EP12
	RC.01.01.01	EP19
	RC.01.02.01	EP4

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)(6)	A-0713	HAP - EC.02.02.01/EP11	Standard
§482.41(c)(2)	A-0724	HAP - EC.02.01.01/EP5, EC.02.05.07/EP1, EP2, EP5	Standard
§482.41(c)(4)	A-0726	HAP - EC.02.05.01/EP6	Standard
§482.41(b)(1)(i)	A-0710	HAP - LS.01.01.01/EP2, EC.02.03.05/EP3, EP6, EP25, LS.02.01.10/EP4, LS.02.01.30/EP11, LS.02.01.35/EP14, LS.02.01.50/EP12	Standard

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SUPPLEMENTAL- 1

December 26, 2014
2:15pm

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.01.01

ESC 60 days

Standard Text: The hospital manages safety and security risks.
Primary Priority Focus Area: Physical Environment
Element(s) of Performance:

5. The hospital maintains all grounds and equipment.

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 5
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
NFPA 99 1999, 4-3.5.2.2 Cylinders stored in the open shall be protected as follows:
(1) Against extremes of weather and from the ground beneath to prevent rusting
(2) During winter, against accumulations of ice or snow
(3) In summer, screened against continuous exposure to direct rays of the sun in those localities where extreme temperatures prevail
The nitrogen and nitrous oxide manifolds were in the open area next to the liquid oxygen tanks. There were also extra cylinders stored in the open. The cylinders were not protected from snow and ice or from direct rays of the sun. There also was a rack used to store medical air cylinders that had standing water in the bottom of it.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The waste grease and oil container was located next to the bulk liquid oxygen tank. NFPA 99 requires that combustible materials not be stored near supply systems containing oxygen.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.02.01

ESC 60 days

Standard Text: The hospital manages risks related to hazardous materials and waste.
Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

11. For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and material safety data sheets required by law and regulation.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 11
§482.41(b)(6) - (A-0713) - (6) The hospital must have procedures for the proper routine storage and prompt disposal of trash.
This Standard is NOT MET as evidenced by:
Observed in Environment of Care Session at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the individual that had signed the generator's certification on the uniform hazardous waste manifest, on 5/23/2013, had received US Department of Transportation training for the safe packaging and transportation of hazardous materials.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.03.05

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

25. For hospitals that use Joint Commission accreditation for deemed status purposes: Documentation of maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems includes the following:
- Name of the activity
- Date of the activity
- Required frequency of the activity
- Name and contact information, including affiliation, of the person who performed the activity
- NFPA standard(s) referenced for the activity
- Results of the activity

Note: For additional guidance on documenting activities, see NFPA 25, 1998 edition (Section 2-1.3) and NFPA 72, 1999 edition (Section 7-5.2).

Scoring
Category : C
Score : Partial Compliance

3. Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Scoring
Category : C
Score : Partial Compliance

6. For automatic sprinkler systems: Every week, the hospital tests fire pumps under no-flow conditions. The completion date of the tests is documented.
Note: For additional guidance on performing tests, see NFPA 25, 1998 edition.

Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 3
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the electromechanical releasing devices, used to hold open smoke doors, were tested in 2012. The 2012 annual fire alarm testing report did not contain any information regarding testing of electromechanical releasing devices. A letter dated June 11, 2013 from Simplex Grinnell stated that the devices had been tested in July 2012. Testing results must be documented at the time of testing.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the magnetic locking devices, that release with fire alarm, were tested in 2012. The 2012 annual fire alarm testing report did not contain any information regarding testing of electromechanical releasing devices. A letter dated June 11, 2013 from Simplex Grinnell stated that the devices had been tested in July 2012. Testing results must be documented at the time of testing.

EP 6
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
NFPA 25-1998 5-3.2.1 A weekly test of electric motor-driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically. The pump shall run a minimum of 10 minutes. The weekly testing for 2012 did not include a run time. With the run time not being documented it is not possible to determine if proper testing was completed.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
NFPA 25-1998 5-3.2.1 A weekly test of electric motor-driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically. The pump shall run a minimum of 10 minutes. The weekly testing for 2013 did not include a run time. With the run time not being documented it is not possible to determine if proper testing was completed.

EP 25
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has

approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The 2012 annual fire pump testing report did not include the NFPA standard(s) referenced for the testing.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The 2012 quarterly fire sprinkler testing reports did not include the NFPA standard(s) referenced for the testing.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.01

ESC 45 days

Standard Text: The hospital manages risks associated with its utility systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.
Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring Category : A
Score : Insufficient Compliance

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 6
§482.41(c)(4) - (A-0726) - (4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The soiled utility room, located on the third floor, had positive air flow in relation to the corridor. Facilities personnel observed the direction of air flow with a tissue at the bottom of the door. Facilities personnel found a damper problem and corrected it. Proper air flow was observed by the surveyor during the survey.

EP 8
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site.
Electrical panels EC4 and EC4L had numerous breakers, that were turned on, that did not have information as to what the breakers controlled. Facilities personnel found that construction personnel had reversed the panel covers. The panel covers were put on the correct panel during the survey.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.07 ESC 45 days

Standard Text: The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. At 30-day intervals, the hospital performs a functional test of battery-powered lights required for egress for a minimum duration of 30 seconds. The completion date of the tests is documented.

Scoring
Category : C
Score : Insufficient Compliance

2. Every 12 months, the hospital either performs a functional test of battery-powered lights required for egress for a duration of 1 1/2 hours; or the hospital replaces all batteries every 12 months and, during replacement, performs a random test of 10% of all batteries for 1 1/2 hours. The completion date of the tests is documented.

Scoring
Category : C
Score : Partial Compliance

5. The emergency generator tests are conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature. If the hospital does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in EC.02.05.07, EP 4, then it must test each emergency generator once every 12 months using supplemental (dynamic or static) loads of 25% of nameplate rating for 30 minutes, followed by 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 2 continuous hours.

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the MOB building that houses Wound Care, were tested for 30 seconds in May 2013. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the MOB building that house Wound Care, were tested for 30 seconds in April 2013. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the MOB building that houses Wound Care, were tested for 30 seconds in March 2013. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the Southern Hills East building, were tested for 30 seconds in May 2013. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the Southern Hills East building, were tested for 30 seconds in April 2013. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the Southern Hills East building, were tested for 30 seconds in March 2013. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

EP 2
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the Southern Hills East building, were tested for 90 minutes in 2012. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the battery-powered lights required for egress, located in the MOB building that houses Wound Care, were tested for 90 minutes in 2012. Battery-powered lights include exit signs and egress lights. There was no generator power for egress in the building.

EP 5

§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that the generator, located at the Tri Star Endoscopy Center had a load bank test in 2012. The generator does not meet the 30% nameplate load rating during the monthly building load test. The building was designated as an ambulatory occupancy on the E-SOC.

Chapter: Environment of Care

Program: Hospital Accreditation

Standard: EC.02.05.09 ESC 45 days

Standard Text: The hospital inspects, tests, and maintains medical gas and vacuum systems.
Note: This standard does not require hospitals to have the medical gas and vacuum systems discussed below. However, if a hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. In time frames defined by the hospital, the hospital inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented. (See also EC.02.05.01, EP 3) 3

Scoring
Category : A
Score : Insufficient Compliance

3. The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. 4

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 1
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site.
NFPA 99 1999 4-3.1.2.2. Each area alarm panel shall be labeled for its area of surveillance and room(s) served.
The medical gas area alarm panels, located in the fourth floor nurse station, outside OR 4 and five, and outside OR 8, were not labeled to indicate the rooms served.

EP 3
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site.
The area shutoff valves, located outside the storage room on the third floor, was labeled as serving the exam room. The room was no longer an exam room.

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.04.01.05 ESC 60 days

Standard Text: The hospital effectively manages its programs, services, sites, or departments.

Primary Priority Focus Area: Infection Control

Element(s) of Performance:

4. Staff are held accountable for their responsibilities.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 4
Observed in Individual Tracer at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site.
The hospital's Peripheral Venous Catheter policy states that "IV's placed by hospital personnel will be restarted within 96 hours of admission." While tracing a medical unit patient it was noted that the IV was placed on 6/3/13 and restarted on 6/9/1.

Observed in Individual Tracer at Southern Hills East (344 Wallace Road, Nashville, TN) site.
While tracing a patient with contact precautions, no physician orders or other timely documentation were found. Hospital policy indicates that the physician should be notified when the nurse places a patient in isolation.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.01.01.01 ESC 45 days

Standard Text: The hospital designs and manages the physical environment to comply with the Life Safety Code.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

2. The hospital maintains a current electronic Statement of Conditions (E-SOC).
Note: The E-SOC is available to each hospital through The Joint Commission Connect™ extranet site.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 2
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The Life Safety drawings were not accurate. The fourth floor mechanical room was not identified as having a two hour enclosure. There were two mechanical chases open to the lower floors in the mechanical room. The walls inside of the mechanical room were stenciled as two hour walls. The hospital site did not include building information for the MOB building that housed the Wound Care Center.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.10

ESC 60 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

4. Openings in 2-hour fire-rated walls are fire rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; LS.02.01.30, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)

Scoring
Category : A
Score : Insufficient Compliance

Observation(s):

EP 4
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The fire rating label, located on the fourth floor mechanical room, was painted over so that the rating of the door could not be determined. The walls were rated for two hours as the room contained open utility chases to other floors.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.
Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 11
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The suite door, located at the entrance to the PACU was not fitted with positive latching hardware. The hardware had been disabled when an automatic door opener was installed.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The suite door, located at the second entrance to the PACU was not fitted with positive latching hardware. The hardware had been disabled when an automatic door opener was installed.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The suite door, located at the entrance to the Day Surgery Unit was not fitted with positive latching hardware. The hardware had been disabled when an automatic door opener was installed.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The corridor doors, located on first floor electrical room #9, had a gap between the doors greater than 1/8 inch.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
The corridor doors, located on CCU rooms 5 and 6 had flip down door hold open devices. Flip down hold open devices are not allowed on corridor doors. The CCU was not designated as a suite.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

14. The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 14
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
NFPA 13-1999 5-14.1.1.12 requires all control, drain, and test connection valves shall be provided with permanently marked weatherproof metal or rigid plastic identification signs. The valves, located located at each landing in the West stairwell, were not labeled as to their function.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
NFPA 13 requires where quick response sprinklers are installed, all sprinklers within a compartment shall be quick response. There was a mixture of quick response and standard response sprinklers in the third floor waiting room.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
NFPA 13 requires where quick response sprinklers are installed, all sprinklers within a compartment shall be quick response. There was a mixture of quick response and standard response sprinklers in the second floor medical unit.

Observed in Building Tour at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
NFPA 10 – 1998 2-3.2.1 requires a placard be conspicuously placed near the K-type extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. The sign shall state "IN CASE OF APPLIANCE FIRE, USE THIS EXTINGUISHER ONLY AFTER FIXED FIRE SUPPRESSION SYSTEM HAS BEEN ACTUATED" or other similar wording. There was no placard near the two K-type extinguishers located, in the kitchen and grill area.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.50

ESC 60 days

Standard Text: The hospital provides and maintains building services to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

12. The hospital meets all other Life Safety Code building service requirements related to NFPA 101-2000: 18/19.5.

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 12
§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.
This Standard is NOT MET as evidenced by:
Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that all elevators equipped with fire fighter service had a monthly operation test, in May 2013, with a written record of the findings made and kept on the premises as required by NFPA 101-19.5.3, NFPA 101 - 9.4.6.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that all elevators equipped with fire fighter service had a monthly operation test, in April 2013, with a written record of the findings made and kept on the premises as required by NFPA 101-19.5.3, NFPA 101 - 9.4.6.

Observed in Document Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
There was no written documentation that all elevators equipped with fire fighter service had a monthly operation test, in March 2013, with a written record of the findings made and kept on the premises as required by NFPA 101-19.5.3, NFPA 101 - 9.4.6.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.01.01

ESC 60 days

Standard Text: The hospital maintains complete and accurate medical records for each individual patient.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
While tracing a patient, numerous entries by the practitioner were not timed.

Observed in Tracer Activities at Southern Hills East (344 Wallace Road, Nashville, TN) site for the Hospital deemed service.
Record review during another tracer revealed numerous entries by the practitioner that were not timed.

Observed in Tracer Activities at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site for the Hospital deemed service.
While tracing a patient, the surveyor noted untimed entries.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC.01.02.01

ESC 60 days

Standard Text: Entries in the medical record are authenticated.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

4. Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.
Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.
Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or hospital policy. For electronic records, electronic signatures will be date-stamped.
Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: All orders, including verbal orders, are dated and authenticated by the ordering practitioner or another practitioner who is responsible for the care of the patient, and who, in accordance with hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.

Scoring
Category : C
Score : Insufficient Compliance

Observation(s):

EP 4
Observed in Record Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site.
While reviewing closed records, it was noted that a nurse dictated the patient's discharge summary. She was identified but did not authenticate her dictation.

Observed in Record Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site.
While reviewing a second closed record, it was noted that a nurse dictated the patient's discharge summary. She was identified but did not authenticate her dictation.

Observed in Record Review at Southern Hills Medical Center (391 Wallace Road, Nashville, TN) site.
While reviewing a third closed record, it was noted that a nurse dictated the patient's discharge summary. She was identified but did not authenticate her dictation.

SUPPLEMENTAL- 1

December 26, 2014
2:15pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

TRISTAR SOUTHERN HILLS MEDICAL CENTER - SATELLITE ED

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

Signature/Title
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 26th day of Dec, 2014, witness my hand at office in the County of DAVIDSON, State of Tennessee.

NOTARY PUBLIC

My commission expires 3/6, 2018.

JEFFREY S. LETZLER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

HF-0043

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

December 22, 2014

John Wellborn
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, Tennessee 37215

RE: Certificate of Need Application CN1412-050
TriStar Southern Hills Medical Center at I-65

Dear Mr. Wellborn:

This will acknowledge our December 15, 2014 receipt of your application for a Certificate of Need to establish a satellite emergency department facility in a leased building to be constructed at an unaddressed site in the northeast corner of the intersection of Old Hickory Boulevard and American Way, Brentwood (Davidson County), TN 37250.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 noon, Monday December 29, 2014. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

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1. **Section A., Applicant Profile, Item 4**

   The applicant references a list of Tennessee owned facilities in Attachment A.4. Please provide.

2. **Section B, Project Description, Item I.**

   What is the distance between the applicant's proposed satellite emergency room and Saint Thomas Midtown Hospital's simultaneously proposed satellite emergency room located at the 791 Old Hickory Boulevard, Brentwood, TN 37207?

It is noted STMC's emergency department needs a major expansion of capacity, which is not possible on the landlocked main campus. However, what are the plans of the hospital if the proposed satellite ER does not help relieve ER utilization at the main campus and ER visits continue to increase with capacity issues at the main ER?

In light of the fact that this is one of two simultaneous review applications does the applicant believe there is a need for two satellite ERs in essentially the same location?

What will the applicant do if this application is denied?

There are two large office buildings located on the parcel of land contiguous to the planned ER plot. Please describe these office buildings and the applicant's future plan for those office buildings. In addition, please describe the tract of land containing 53 acres and its planned future use.

The applicant provides TriStar ER utilization statistics for Davidson County in the next to the last paragraph located on page 5 of the application. Please provide a data source.

Please provide a brief overview of the Emergency Physician Group that will be staffing the ER.

What is the distance of the imaging center at the TriStar Medical Plaza located in Brentwood, Tennessee to the proposed satellite ER site?

What happens if a patient who should have gone to an acute care hospital goes to/is brought to a satellite hospital ER?

Please explain why the applicant is not planning to provide MRI services at the proposed satellite ER. What are the advantages of having an MRI available in an ER?

Please clarify if the proposed satellite ER will include a helipad.

What happens if 2 psychiatric patients who require a secure treatment room presents at the proposed ER when there is only one secure treatment room in the ER?

Please clarify if mobile crisis staff will have access to conduct assessments. If so, where? Where will law enforcement be located?

Please clarify if Emergency patients with Blue Cross Blue Shield plan S will be in network for the proposed satellite ER. If not, will these patients be required to pay out of network copays? If so, what will be there out of pocket expense?

Many times emergency room copays are waived if the patient is admitted inpatient. Please clarify if this arrangement is possible at the proposed satellite ER.

On Monday December 15, 2014, Tennessee Gov. Bill Haslam unveiled his Insure Tennessee plan, a two year pilot program to provide health care coverage to Tennesseans who currently don't have access to health insurance or have limited

options. The program rewards healthy behaviors, prepares members to transition to private coverage, promotes personal responsibility and incentivizes choosing preventative and routine care instead of unnecessary use of emergency rooms. What will the impact of Insure TN have on the applicant's volume projection?

Please clarify if an ambulance will be stationed at the satellite ED 24 hours/day, 7days/week, 365 days/year for life-threatening transports to full service hospitals.

3. **Section B, Project Description, Item II.A.**

Please provide the square footage and costs per square footage chart as referenced in Attachment B.II.A.

Table three is noted on page 15 of the application. However, the "note" underneath the table references Line A.9 in the Project Costs Charts which should be A.5. Please revise.

The applicant provided a map on page 12 with a 5 mile radius circled around existing ERs. Please clarify why 5 miles was chosen. Is this a standard?

4. **Section B, Project Description, Item III.B.1**

Please complete the following table that shows distance to existing ER's for the applicant's primary service area zip codes:

Zip Code	Hospital Emergency Dept.	County	Distance in miles	Drive time in minutes

5. **Section B, Project Description, Item II.C.**

Please clarify the reason HCA's 1800 visit per ED room standard exceeds the widely-used hospital planning standard of 1,500 visit per room per year.

What is the source of the 1,500/room standard?
How were these standards developed (Industry 1500 and HCA 1800)? Did they consider factors such as average minutes per room, average minutes per level of

care and room occupancy differences between 7-3, 3-11, and 11-7 shifts? If yes, how so?

The applicant states 256 patients have left prior to being screened or being treated in the ER at Southern Hills in 2013. However, Table 15 on page 45 in the application lists TriStar Centennial Medical Center's ER as having 48,146 patients presenting and 48,146 patients being treated in 2013. Please clarify why TriStar Centennial retains 100% of all patients presenting in the ER and Southern Hills Medical Center does not.

There appears to a typographical error in the year referenced in the first paragraph on top of page 19. Please revise.

6. **Section C, Need, Item 2.**

   Please clarify if the long-range goal is to relocate the Southern Hill Medical Center to the location of the proposed surgery center and satellite ER in southwestern Davidson County. If so, please provide details of the long-range master plan.

7. **Section C, Need, Item 3.**

   On Table Ten-B on page 35 it is noted that 66.6% of patients in Year Two will be coming from Nashville in the 37211 Zip Code. If this is so, why isn't the applicant placing the satellite in the 37211 zip code? How many ER patients are projected to come from zip code 37250 where the proposed ER satellite site will be located?

   Table Ten-B is noted. However, please add a column for County and resubmit. This will clarify which county the zip codes are located within.

8. **Section C, Need, Item 5.**

   What percentage ER patients typically are admitted as inpatients and what percentage of ER patients are typically admitted for observation. Please discuss the pros and cons of these patients going to an ER at a hospital versus going to a satellite ER that would require a transfer by ambulance.

9. **Section C, Need, Item 6.**

   Please clarify the process the hospital management team used to estimate the percentage of each zip code's visits that would likely have come to the satellite had it been open (page 48).

If a Davidson County health care provider opened an urgent care close to the proposed satellite ER site, what impact would that cause on the projected utilization? Are there existing urgent care centers in the applicant's service area?

Table Nine-B on page 52 is noted. Please define Level I-Level V emergency room visits.

Please clarify if there is a shortage of primary care physicians in the applicant's service area that would force patients to go to an emergency room for routine treatment.

Please complete the following table for patient origin by zip code for CY 2014 (January-October Annualized) for zip codes with patient origin over 0.15%.

Patient Zip Code	Patient City	Patient County	Total	Cumulative Patients	% by Zip Code	Cumulative %	Annualized Patients 2014

10. **Section C. Economic Feasibility Item 1 (Project Cost Chart) and Item 3**

Please clarify Interim Financing in the amount of $225,000.

Please clarify why the total construction cost of $350.00/sq. ft. is higher than the 3rd quartile construction cost of $324.00 for Hospital projects approved by the Agency from 2011 to 2013.

11. **Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)**

Table 18 on page 68 is noted. Please define each CPT Code in the range 99281-99285.

Please provide the reasons for the dramatic increase in net income in Southern Hills ER's Historical Data Chart between 2012 and Annualized 2014.

12. **Section C, Economic Feasibility, Item 5**

Table 16 A and 16 B is noted on page 66. The applicant incorrectly refers to net operating income as Net Operating Revenue in the 2 tables. Please revise.

13. **Section C, Economic Feasibility, Item 8**

Please indicate when the applicant expects to break even with this project.

14. **Section C, Economic Feasibility, Item 9**

What is the payor mix of ERs in the service area?

Table 19 on the bottom of page 69 is noted. However, it appears the percentage of Gross Revenue represents Year One, not Year Two. Please clarify.

15. **Section C, Orderly Development, Item 1.**

What is the closest hospital to the proposed satellite emergency room? Is there a transfer agreement with that hospital? If not, why?

Please define the Emergency Medical Treatment and Labor Act (EMTALA).

Southern Hills Medical Center does not provide OB services. Please indicate where emergency OB patients will be referred for treatment from the proposed satellite ER. Also, please clarify if the OB patients would be admitted directly to the receiving facility, or would need to admit through the receiving hospital's ER.

16. **Section C, Orderly Development, Item 2.**

Please explain the difference between an Urgent Care Clinic and a Satellite ER. Please include hours of operation, the patient costs (including copay) for each service, and any CPT code overlap.

Please complete the following chart indicating if the following conditions can be treated at an urgent care, hospital emergency room, or satellite ER.

Condition/Need	Urgent Care	Southern Hills Hospital ER	Proposed ER Satellite ER
Broken Bones			
Basic Lab Services			
Complex Lab Services			
Basic Radiological Services			
Complex Radiological Services			
Fevers/Rashes			
Sore Throat/ Ear Infections			
Orthopedic Care Requiring an MRI			
Prescriptions Written			
Migraines			
Minor Burns			
Respiratory Infections			
X-Rays			
Advanced Life Support			
Severe Chest Pain			
Deep Puncture Wounds			
Traumatic Injuries			
Dizziness			
Patients in Labor with medical problems			
Patients requiring surgery			
The Flu			
Back Pain			
Sprains			
Toothache			

Please explain if there are any drop offs, hilltops, or other barriers at the proposed location that would prevent future expansion.

16. **Section C, Orderly Development, Item 3.**

Since the proposed service is a 24/7 service. Please complete the following chart:

Position	7-3 # FTEs	3-11 # FTEs	11-7 # FTEs
RN			
X-Ray/CT Tech			
Lab Tech			
Environmental Svc. Tech			
Armed Security Guard			
Total			

Please explain the reason why the applicant would need an armed security guard for the proposed ER satellite.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application, the sixtieth (60th) day after written Notification is Friday, February 20, 2015. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Resubmittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. ɜ 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported

to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please do not hesitate to contact this office.

Sincerely,

Phillip M. Earhart
Health Services Development Examiner

PME

Enclosure